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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30201

1. Corporation Name

THE TREETOPS AT NORTH FORTY HOMEOWNERS' ASSOCIAT ION, INC.

347691 - 90001 - 17

Principal Place of Business	Mailing Address
2055 WOOD ST #202 SARASOTA FL 34237 US	2055 WOOD ST #202 SARASOTA FL 34237 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/17/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0108730 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PROPERTY & ACCOUNTING MGT INC
2055 WOOD ST
STE 202
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	V/D	☐ Change ☒ Addition
NAME	SCARAMUZZINO, ANTHONY		1.2 NAME	Butz, William	
STREET ADDRESS	7810 ONTARIO ST CIRCLE		1.3 STREET ADDRESS	4228 Placid Drive	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	D	☒ DELETE	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	GAY, LEONARD		2.2 NAME	Etherington, Lisa	
STREET ADDRESS	7720 GENEVA LANE		2.3 STREET ADDRESS	7815 Geneva Lane	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	PD	☒ DELETE	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	KNOP, HOWARD		3.2 NAME	Florian, Sheila	
STREET ADDRESS	4206 PLACID DR		3.3 STREET ADDRESS	7803 Ontario St. Circle	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	SD	☐ DELETE	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	KOENIG, JOHN		4.2 NAME	Koenig, John	
STREET ADDRESS	7724 GENEVA LANE		4.3 STREET ADDRESS	7724 Geneva Lane	
CITY-ST-ZIP	SARASOTA FL 34243		4.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	TD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	THOMAS RUBENDUNST		5.2 NAME	Currie, John	
STREET ADDRESS	4206 ST CLAIR DR		5.3 STREET ADDRESS	4128 St. Charles Drive	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Sheila Florian 4/12/99 (941) 951-3093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #