2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30201

1. Entity Name

THE TREETOPS AT NORTH FORTY HOMEOWNERS' ASSOCIAT

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90172 042 ****61.25

Principal Place of Business	Mailing Address
2055 WOOD ST #202 SARASOTA FL 34237 US	2055 WOOD ST #202 SARASOTA FL 34237-7929 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0108730 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PROPERTY & ACCOUNTING MGT INC 2055 WOOD ST STE 202 SARASOTA FL 34237	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUTZ, WILLIAM 4228 PLACID DR SARASOTA FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Butz, William 4228 Placid Dr. Sarasota FL 34243	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ETHERINGTON, LISA 7815 GENEVA LANE SARASOTA FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Kielar, Vincent 7814 Ontario St. Cir. Sarasota FL 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FLORIAN, SHELIA 7803 ONTARIO ST. CIR SARASOTA FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOENIG, JOHN 7724 GENEVA LANE SARASOTA FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Waid, Ruth Ann 4212 St. Clair Dr. Sarasota FL 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CURRIE, JOHN 4128 ST CHARLES DR SARASOTA FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fox, Tana 4203 St. Charles Sarasota, FL 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Sheila Florian 4/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #