

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90502 023 ****61.25

0075692

DOCUMENT # N30201

1. Entity Name

THE TREETOPS AT NORTH FORTY HOMEOWNERS' ASSOCIAT

Principal Place of Business

2055 WOOD ST
 #202
 SARASOTA FL 34237
 US

Mailing Address

2055 WOOD ST
 #202
 SARASOTA FL 34237
 US

2. Principal Place of Business

5899 Whittfield Avenue

3. Mailing Address

5899 Whittfield Avenue

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

Suite 107

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34243

Country

Manatee

Zip

34243

Country

Manatee

4. FEI Number

65-0108730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Advanced Management, Inc.**
 Street Address (P.O. Box Number is Not Acceptable) **5899 Whittfield Avenue, Suite 107**
 City **Sarasota** FL Zip Code **34243**

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 *D E W* **Douglas E. Wilson** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	VD	☐ Delete
NAME	BUTZ, WILLIAM	
STREET ADDRESS	4228 PLACID DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	SD	☒ Delete
NAME	ETHERINGTON, LISA	
STREET ADDRESS	7815 GENEVA LANE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	TD	☒ Delete
NAME	FLORIAN, SHELIA	
STREET ADDRESS	7803 ONTARIO ST. CIR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	PD	☒ Delete
NAME	KOENIG, JOHN	
STREET ADDRESS	7724 GENEVA LANE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	TD	☒ Delete
NAME	CURRIE, JOHN	
STREET ADDRESS	4128 ST CHARLES DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres P.D.	☒ Change ☐ Addition
NAME	Butz, William	
STREET ADDRESS	4228 PLACID DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	VP D	☐ Change ☒ Addition
NAME	KIELAR, VINCENT	
STREET ADDRESS	7814 ONTARIO ST. CLARIE	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	TREAS. B	☐ Change ☒ Addition
NAME	FOX, TANA	
STREET ADDRESS	4203 ST CHARLES DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	Sec. D	☐ Change ☒ Addition
NAME	WAID, Ruth Ann	
STREET ADDRESS	4212 ST. CLAIR DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Douglas E. Wilson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01 (941) 953-5545

Date Daytime Phone #

CR2E037 (10/00)