2005 NOT-FOR-PROFIT CORPORATION

May 09, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N30201 05-09-2005 90299 006 ****61.25 THE TREETOPS AT NORTH FORTY HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 50051191 9031 TOWN CENTER PKWY ADVANCED MANAGEMENT, INC. BRADENTON, FL 34202 9031 TOWN CENTER PKWY BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302005 Cha-NP CB2E037 (10/03) City & State City & State 4. FEI Number 65-0108730 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Douglas C. Wilson ADVANCED MANAGEMENT OF SOUTHWEST FL, INC (P.O. Box Number is Not Acceptable) Ad Yancan Management 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 Center ^{Code} 34<u>ว</u>0จ radenton 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VP TITLE ☐ Delete TITLE (\mathbf{D}) TANA FOX Addition MARKO, TIM NAME NAME 4203 ST. CHARLESPE STREET ADDRESS 7820 GENERA LANE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change TITLE JAY BNOREWS PL. DE GRAVE, ERIC NAME NAME 423 PLACID DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PATRICK, DOUG NAME STREET ADDRESS 4236 PLACID DRIVE STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change -TITLE ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \(\)

STREET ADDRESS

Daytime Phone #

FILED