2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90205 049 ****61.25

DOCUMENT # N30201

1. Entity Name

THE TREETOPS AT NORTH FORTY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9031 TOWN CENTER PKWY BRADENTON FL 34202 US	ADVANCED MANAGEMENT, INC. 9031 TOWN CENTER PKWY BRADENTON FL 34202 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4301 32nd St W	4301 32 ST W
Suite, Apt. #, etc. A-20	Suite, Apt. #, etc. A 20
City & State Bradenton FL	City & State BRADENTON
Zip 34205 Country USA	Zip 34205 Country USA

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

WILSON, DOUGLAS C
C/O ADVNACED MANAGEMENT INC.
9031 TOWN CNEATER PARKWAY
BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name C & S Condo Mgmt Svc, Inc

Street Address (P.O. Box Number is Not Acceptable) 4301 32 ST W #A-20

City Bradenton **FL** Zip Code 34205

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.

C&S Condo Mgmt

SIGNATURE Sherie Brown Sherie Brown 4-16-07

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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARKO, TIM 7820 GENEVA LN SARASOTA FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DEGRORU, ERIC 4231 PLACID DRIVE SARASOTA FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ERIC DEGRAVE ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PATRICK, DOUG 4236 PLACID DRIVE SARASOTA FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOX, TANA 4203 ST CHARLES DR SARASOTA FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JACK COX 4239 Placid DR SARASOTA, FL 34243 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ANDREWS, JAY 4214 ST CHARLES PLACE SARASOTA FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 receivor 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 attachmont with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #