

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90089 006 \*\*\*\*61.25

**DOCUMENT # N93000002806**

1. Entity Name  
**HOMEOWNERS ASSOCIATION OF TREE TOP ESTATES, INC.**



Principal Place of Business  
**P O BOX 14822  
JACKSONVILLE, FL 32238-822 US**

Mailing Address  
**6319 CRANBERRY LN W  
JACKSONVILLE, FL 32244 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3224367**

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

**PENDER, WINNIE  
6319 CRANBERRY LANE WEST  
JACKSONVILLE, FL 32244**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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 ☐ Delete  
NAME **S**  
STREET ADDRESS **SMITH, DEBBIE**  
CITY-ST-ZIP **6267 NORSE DRIVE  
JACKSONVILLE, FL 32244**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KLTZKIE, TERRY**  
CITY-ST-ZIP **7969 JEFF DRIVE  
JACKSONVILLE, FL 32244**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CARLSON, RUSSELL**  
CITY-ST-ZIP **6311 IAN CHAD DRIVE EAST  
JACKSONVILLE, FL 32244**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **PENDER, WINNIE**  
CITY-ST-ZIP **6319 CRANBERRY LANE W  
JACKSONVILLE, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **P**  
STREET ADDRESS **ZAK, KENNETH**  
CITY-ST-ZIP **6267 BLANK DRIVE  
JACKSONVILLE, FL 32244**

TITLE ☒ Change ☐ Addition  
NAME **President**  
STREET ADDRESS **ANGIE HALL**  
CITY-ST-ZIP **6319 CRANBERRY LANE W  
JACKSONVILLE FL 32244**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KLTZKIE, PHYLLIS**  
CITY-ST-ZIP **7969 JEFF DRIVE  
JACKSONVILLE, FL 32244**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04 (904) 778-8029**  
Date Daytime Phone #