

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 JUL 31 PM 3:15

DOCUMENT # N08529

1. Entity Name
TREEHOUSE VILLAGE CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
117 S. E. 16TH AVE.
GAINESVILLE, FL 32601

Mailing Address
117 S. E. 16TH AVE.
GAINESVILLE, FL 32601

REINSTATEMENT

05-06 ASE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07252006 REIN-NP CR2E099 (11/05)

City & State

City & State

4. FEI Number
59-3039795

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HEISE, JONATHAN L
117 SE 16TH AVE
GAINESVILLE, FL 32601

Name Mary Seales
Street Address (P.O. Box Number is Not Acceptable)
117 SE 16th Avenue
City Gainesville FL 32601

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)

7/26/06

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ROOY, CARL V ☐ Delete
STREET ADDRESS 1030 N. COLLEGE AVE
CITY-ST-ZIP INDIANAPOLIS, IN 46202

TITLE P ☒ Change ☐ Addition
NAME Van Rooy, Carl
STREET ADDRESS 1030 N. College Ave.
CITY-ST-ZIP Indianapolis, IN 46202

TITLE SD ☐ Delete
NAME BREDESON, DUANE H
STREET ADDRESS 6402 ODANA ROAD
CITY-ST-ZIP MADISON, WI 53719

TITLE S ☒ Change ☐ Addition
NAME Bredeson, Duane H.
STREET ADDRESS 6402 Odana Road
CITY-ST-ZIP Madison, WI 53719

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME Van Rooy, Adam
STREET ADDRESS 1030 N. College Ave.
CITY-ST-ZIP Indianapolis, IN 46202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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 Chapter 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/2006 317 684-7305

Date

Daytime Phone #