

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005211

FILED
Feb 26, 2013
Secretary of State
CC3856136009

Entity Name: TREETOP COMMUNITY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7 TOWNCENTER LOOP
SUITE C16
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

POST OFFICE BOX 1247
SANTA ROSA BEACH, FL 32459

FEI Number: 20-2864126

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHIPMAN, GARY A
60 CLAYTON LANE
SUITE A
SANTA ROSA BEACH, FL 32459 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TD
Name SEAGLE, TODD
Address 238 SCENIC GULF DRIVE
City-State-Zip: MIRAMAR BEACH FL 32550

Title SD
Name SASSANO, RON
Address 50 SURF SONG LANE, #101
City-State-Zip: MIRAMAR BEACH FL 32550

Title D
Name WOOLLEY, PETER
Address POST OFFICE BOX 611718
City-State-Zip: ROSEMARY BEACH FL 32461

Title PD
Name HETRICK, DAVID
Address 309 S. BONITA AVENUE
City-State-Zip: PANAMA CITY FL 32401

Title D
Name SMITH, BILL
Address 42 BUSINESS CENTRE DRIVE, SUITE 106
City-State-Zip: MIRAMAR BEACH FL 32550

Title D
Name HUFF, BUDDY
Address 238 SCENIC GULF DRIVE
City-State-Zip: MIRAMAR BEACH FL 32550

Title D
Name BALDOCK, RHONDA
Address 2621 MITCHAM DRIVE SUITE 101
City-State-Zip: TALLAHASSEE FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID HETRICK

PRESIDENT

02/26/2013

Electronic Signature of Signing Officer/Director Detail

Date