

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005211

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC9494410566**

**Entity Name:** TREETOP COMMUNITY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7 TOWN CENTER 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           TREASURER, DIRECTOR  
Name           MCCARTHY, PATRICK  
Address        2050 W COUNTY HIGHWAY 30A  
                  SUITE M1-117  
City-State-Zip: SANTA ROSA BEACH FL 32459

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

Title           DIRECTOR  
Name           MEYER, TRAVIS  
Address        2050 W COUNTY HIGHWAY 30A  
                  SUITE M1-117  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title           D  
Name           STRICKLER, MICHAEL DR.  
Address        3113 MERION DRIVE  
City-State-Zip: MIRAMAR BEACH FL 32550

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

Title           SECRETARY, DIRECTOR  
Name           ANSON, NANCY  
Address        508 N AUDUBON DRIVE  
City-State-Zip: ALBANY GA 31707

*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:** RHONDA BALDOCK

**PRESIDENT**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date