

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005211

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

Title PRESIDENT  
Name EWING, CHRISTOPHER  
Address 928 VESTLAKE COVE DRIVE  
City-State-Zip: VESTAVIA AL 35242

Title TREASURER  
Name HOWLAND, ROB  
Address 431 OFFICE PARK DRIVE  
City-State-Zip: BIRMINGHAM AL 35223

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

Title DIRECTOR  
Name BEATTY, JIM  
Address 431 OFFICE PARK DRIVE  
City-State-Zip: BIRMINGHAM AL 35223

*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: CHRISTOPHER EWING**

**PRESIDENT**

**03/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date