

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90837 008 ****61.25

DOCUMENT # 726458

1. Entity Name
 TREEHOUSE LEASEHOLDERS' ASSOCIATION, INC.



Principal Place of Business
 3760 FIRESTONE BLVD
 PENSACOLA, FL 32503

Mailing Address
 3760 FIRESTONE BLVD
 PENSACOLA, FL 32503

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

40093010



04212007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

TAYLOR, JOHN J
 422 FT PICKENS RD
 PENSACOLA BEACH, FL 32561

4. FEI Number
 59-1549195

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARCHER, KENNETH	
STREET ADDRESS	414 FT. PICKENS ROAD	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOUGEY, PETER	
STREET ADDRESS	416 FT PICKNES RD	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WARREN, NICHOLE	
STREET ADDRESS	590 TANGLEWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PRUTER, TOM	
STREET ADDRESS	436 FT PICKENS ROAD	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTLOW, AL	
STREET ADDRESS	410 FT. PICKENS ROAD	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, JOHN J	
STREET ADDRESS	422 FT PICKENS RD.	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John J Taylor* John J Taylor 4-26-07 932-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #