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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743838** **(5)**

1. Corporation Name

TREEHOUSE SUBDIVISION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
327 FT. PICKENS RD. PENSACOLA FL 32561 US	372 FT PICKENS ROAD PO BOX 1503 → DELETE P.O. Box PENSACOLA FL 32561-2012 US

3. Date Incorporated or Qualified: 08/07/1978	3a. Date of Last Report: 01/29/1996
4. FEI Number: 59-1874196	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 372 FT. PICKENS Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 PENSACOLA BEACH FL
Zip 24 / Country 25	Zip 29 32561 / Country 30 US

9. **Name and Address of Current Registered Agent**

PEIRCE, FRANK H.
327 FT. PICKENS RD.
PENSACOLA BCH FL 32561

10. **Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEIRCE, FRANK H.		1.2 NAME		
STREET ADDRESS	372 FT. PICKENS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PEIRCE, SHARON		2.2 NAME		
STREET ADDRESS	372 FT. PICKENS ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KIRK, CAROLYN		3.2 NAME		
STREET ADDRESS	376 FT. PICKENS RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BCH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, C;AIIRE		4.2 NAME	PERRY CLAIRE	
STREET ADDRESS	5403 ADMIRAL DOYLE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, TOM		5.2 NAME		
STREET ADDRESS	382 FT PICKENS ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BREITHAUPT, PETER		6.2 NAME		
STREET ADDRESS	386 ST. PICKENS RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank H. Peirce REQUIRED FRANK H. PEIRCE 1-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #