

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743838

FILED
Jan 06, 2005
Secretary of State

Entity Name: TREEHOUSE SUBDIVISION ASSOCIATION, INC.

Current Principal Place of Business:

372 FT. PICKENS RD.
PENSACOLA, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

372 FT. PICKENS RD.
PENSACOLA, FL 32561 US

New Mailing Address:

FEI Number: 59-1874196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEIRCE, FRANK H.
Address: 372 FT. PICKENS ROAD
City-St-Zip: PENSACOLA BEACH, FL

Title: ST () Delete
Name: PEIRCE, SHARON,
Address: 372 FT. PICKENS ROAD
City-St-Zip: PENSACOLA BEACH, FL

Title: V () Delete
Name: ALLEN, TOM
Address: 382 FT PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D () Delete
Name: SOUTHWORTH, EDWARD
Address: 380 FT PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D () Delete
Name: AHERN, ALICIA
Address: 370 FT PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D () Delete
Name: BEAUGH, RICHARD
Address: 336 FT PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK H. PEIRCE

P

01/06/2005

Electronic Signature of Signing Officer or Director

Date