


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 744113</b> 1. Entity Name TREE TOP ESTATES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 8980 SW 67 AVE PINCREST, FL 33156 US	Mailing Address 8980 SW 67 AVE PINCREST, FL 33156 US
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01052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2001874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  QUARTIN, MARY 8980 SW 67 AVE MIAMI, FL 33156
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000863400  
04/03/08-80091-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUARTIN, MARY 8980 SW 67 AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HITZIG, PEARL 8980 S W 67 AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRENHAUM, DEENA 8940 S.W. 67 AVE. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, VIRGINIA 8920 S.W. 67 AVE. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADELL, GEORGE 8910 S.W. 67 AVE. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIRENBAUM, ROBERT 8940 SW 67 AVE MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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:** Mary Quartin Mary Quartin 3/14/08 305-665-6661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #