2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 744113

Entity Name: TREE TOP ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8980 SW 67 AVE
PINCREST, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

8980 SW 67 AVE
PINCREST, FL 33156 US

New Mailing Address:

FEI Number: 59-2001874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUARTIN, MARY
8980 SW 67 AVE
MIAMI, FL 33156 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: DT ( ) Delete
Name: QUARTIN, MARY
Address: 8980 SW 67 AVENUE
City-St-Zip: MIAMI, FL 33156

Title: DVP ( ) Delete
Name: HITZIG, MARTY
Address: 8960 S W 67 AVENUE
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: RADELL, GEORGE
Address: 8910 SW 67 AVENUE
City-St-Zip: MIAMI, FL 33156

Title: DP ( ) Delete
Name: WOOD, VIRGINIA
Address: 8920 S.W. 67 AVE.
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: BIRENBAUM, ROBERT
Address: 8940 SW 67 AVENUE
City-St-Zip: MIAMI, FL 33156

Title: S ( ) Delete
Name: BIRENBAUM, ROBERT
Address: 8940 SW 67 AVE
City-St-Zip: MIAMI, FL 33156

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 exemption stated 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 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: MARY QUARTIN MRS. 01/15/2009

Electronic Signature of Signing Officer or Director — Date