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Jun 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744366** (6)
1. Corporation Name
TREE LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1000 MANOR DRIVE PALM SPRINGS FL 33461	Mailing Address 1000 MANOR DRIVE PALM SPRINGS FL 33461-2933
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2. Principal Place of Business 21		2a. Mailing Address 26 5710 S. Dixie Hwy. #A		3. Date Incorporated or Qualified 09/25/1978	3a. Date of Last Report 09/25/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2437051	Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28 W.P.B., FL.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29 33405	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GREGORY, LEE 1101 MANOR DRIVE PALM SPRINGS FL 33461				10. Name and Address of New Registered Agent 81 Name Touchstone Webb Mgmt. 82 Street Address (P.O. Box Number is Not Acceptable) Kathleen Webb Salata 83 5710 S. Dixie Hwy. Suite A 84 City W.P.B. FL 85 Zip Code 33405			
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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 *Kathleen Salata* DATE **3/26/97**
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 PD	NAME GREGORY, LEE	STREET ADDRESS 1101 MANOR DRIVE	CITY-ST-ZIP PALM SPRINGS FL 33461	1.1 TITLE PD	1.2 NAME Susan Ryan	1.3 STREET ADDRESS 1078 Manor Drive	1.4 CITY-ST-ZIP Palm Springs, FL. 33461
TITLE TD	NAME ROWE, THOMAS	STREET ADDRESS 1049 MANOR DR.	CITY-ST-ZIP PALM SPRINGS FL 33461	2.1 TITLE D.	2.2 NAME 4000002207804	2.3 STREET ADDRESS -06/10/97--01076--029	2.4 CITY-ST-ZIP ***61.25
TITLE VPD	NAME CAVALLER, YVONNE	STREET ADDRESS 1102 MANOR DRIVE	CITY-ST-ZIP PALM SPRINGS FL 33461	3.1 TITLE VPD	3.2 NAME Cynitha Trowbridge	3.3 STREET ADDRESS 1087 Manor Drive	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE SD	4.2 NAME John Saxon	4.3 STREET ADDRESS 1105 Manor Drive	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME T.D.	5.3 STREET ADDRESS Karen Gray	5.4 CITY-ST-ZIP 1079 Manor Drive
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS Palm Springs Fl. 33461	6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)

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6/2/97