

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 5710 S. DIXIE HWY #A W.P.B. FL 33405
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3. Date Incorporated or Qualified

09/25/1978

4. FEI Number

59-2437051

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOUCHSTONE WEBB MGMT
5710 S. DIXIE HWY SUITE A
C/O TOUCHSTONE WEBB MGMT
W.P.B. FL 33405**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	RYAN, SUSAN
STREET ADDRESS	1078 MANOR DR
CITY-ST-ZIP	PALM SPRINGS FL 33461
TITLE	D <input type="checkbox"/> DELETE
NAME	ROWE, THOMAS
STREET ADDRESS	1049 MANOR DR.
CITY-ST-ZIP	PALM SPRINGS FL 33461
TITLE	VPD <input type="checkbox"/> DELETE
NAME	TROWBRIDGE, CYNTHIA
STREET ADDRESS	1087 MANOR DRIVE
CITY-ST-ZIP	PALM SPRINGS FL 33461
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SAXON, JOHN
STREET ADDRESS	1105 MANOR DRIVE
CITY-ST-ZIP	PALM SPRINGS FL 33461
TITLE	TD <input type="checkbox"/> DELETE
NAME	GRAY, KAREN
STREET ADDRESS	1079 MANOR DRIVE
CITY-ST-ZIP	PALM SPRINGS FL 33461
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

Susan A. Ryan
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/98 501-357-984
DATE AND TELEPHONE NUMBER

CR2E037 (10/97)