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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744366

1. Corporation Name

TREE LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1000 MANOR DRIVE
PALM SPRINGS FL 33461

Mailing Address

1000 S. DIXIE HWY #A
W.P.B. FL 33405

450143 - 90236 - 6



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/25/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2437051	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> Trust Fund Contribution	
Country		Country		<input type="checkbox"/>	
25		30		<input type="checkbox"/>	
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 85 Zip Code		
SUSAN A RYAN			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, SUSAN	1.2 NAME	
STREET ADDRESS	1078 MANOR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, THOMAS	2.2 NAME	
STREET ADDRESS	1049 MANOR DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROWBRIDGE, CYNTHIA	3.2 NAME	
STREET ADDRESS	1087 MANOR DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, KAREN	4.2 NAME	
STREET ADDRESS	1079 MANOR DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SUSAN A RYAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/6/99 361-357-9811
 Daytime Phone #

CR2F037-111021