

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744366

1. Entity Name

TREE LAKE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90076 043 \*\*\*\*61.25

Principal Place of Business

1000 MANOR DRIVE  
PALM SPRINGS FL 33461

Mailing Address

1000 MANOR DRIVE  
LAKE WORTH FL 33461-2933

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2437051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

SUSAN A RYAN

Street Address (P.O. Box Number is Not Acceptable)

1078 MANOR DR

City

PALM SPRINGS

FL

Zip Code

33461

TOUCHSTONE WEBB MGMT  
1078 MANOR DR  
PALM SPRINGS FL 33461

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.

SIGNATURE

*Susan A Ryan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Delete
NAME	TROWBRIDGE, CYNTHIA	
STREET ADDRESS	1087 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE GREGORY	
STREET ADDRESS	1108 MANOR DR	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*Susan A Ryan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

541  
1-20-00 357-9811

CR2E037 (9/99)