

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744736

FILED
Mar 21, 2005
Secretary of State

Entity Name: TREE TOPS ASSOCIATION, INC.

Current Principal Place of Business:

345 W. LAKEVIEW ST
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

345 W. LAKEVIEW ST
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-1910121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEACH, BARBARA
345 W. LAKEVIEW ST.
ORLANDO, FL 32804 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: VPD () Delete
Name: BONE, FRANK C
Address: 1103 POINSETTIA AVE
City-St-Zip: ORLANDO, FL 00000,

Title: SD () Delete
Name: WATSON, SHIRLEY
Address: 1107 POINSETTA AVE
City-St-Zip: ORLANDO, FL 32804

Title: PD () Delete
Name: LINDRUM, FRANK
Address: 1107 POINSETTA AVE.
City-St-Zip: ORLANDO, FL 32804

Title: TD () Delete
Name: LEACH, BARBARA
Address: 345 W. LAKEVIEW ST.
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GARWOOD, BARBARA J
Address: 339 W. LAKEVIEW ST.
City-St-Zip: ORLANDO, FL 32804

Title: TD (X) Change () Addition
Name: LEACH, BARBARA A
Address: 345 W. LAKEVIEW ST.
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA LEACH

TD

03/21/2005

Electronic Signature of Signing Officer or Director

Date