

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744736

FILED  
Jan 29, 2007  
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:

LEACH, BARBARA A T  
345 W. LAKEVIEW ST.  
ORLANDO, FL 32804 US

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: BARBARA A. LEACH

01/29/2007

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 POINSETTIA AVE  
City-St-Zip: ORLANDO, FL 32804

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: BONE, FRANK C  
Address: 1105 POINSETTIA AVE  
City-St-Zip: ORLANDO, FL 32804 US

Title: S (X) Change ( ) Addition  
Name: WATSON, SHIRLEY  
Address: 1101 POINSETTIA AVE  
City-St-Zip: ORLANDO, FL 32804 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

T

01/29/2007

Electronic Signature of Signing Officer or Director

Date