

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744736

FILED
Feb 18, 2008
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 A T
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: V () Delete
Name: BONE, FRANK C
Address: 1105 POINSETTIA AVE
City-St-Zip: ORLANDO, FL 32804 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: LINDRUM, FRANK
Address: 1109 POINSETTIA AVE
City-St-Zip: ORLANDO, FL 32804 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 A. LEACH

T

02/18/2008

Electronic Signature of Signing Officer or Director

Date