

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0076285

**DOCUMENT # 751749**

1. Entity Name

**TREE TOPS HOMEOWNERS ASSOCIATION, INC.**

03-29-2002 90833 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**PO BOX 1405  
 LOXAHATCHEE FL 33470**

**PO BOX 1405  
 LOXAHATCHEE FL 33470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1986563**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KOEPPEL, GOTTLIEB, MESCHES, HERZFELD & RUBIN  
 222 LAKEVIEW AVENUE  
 SUITE 260  
 W. PALM BEACH FL 33401-6146**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HENEGAN, MARK</b>	NAME	<b>WOOLWICH, ELLEN M.</b>
STREET ADDRESS	<b>5200 GOLDENWOOD WAY</b>	STREET ADDRESS	<b>388 PARK FOREST WAY</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SNIFFEN, PATRICK</b>	NAME	<b>MORSE, MARK</b>
STREET ADDRESS	<b>460 OAK SHADOW WAY</b>	STREET ADDRESS	<b>340 PARK FOREST WAY</b>
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EVANS, PETER</b>	NAME	<b>MCGHEE, KELLY</b>
STREET ADDRESS	<b>397 PARK FOREST WAY</b>	STREET ADDRESS	<b>478 SWEETWOOD WAY</b>
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRISCO, SIMON</b>	NAME	
STREET ADDRESS	<b>537 GOLDENWOOD WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEALY, KATHY E</b>	NAME	
STREET ADDRESS	<b>380 PARK FOREST WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEALY, KENNETH A</b>	NAME	
STREET ADDRESS	<b>380 PARK FOREST WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	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: *Kathy E. Healy* **KATHY E. HEALY, PRESIDENT**

03/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)