

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90037 012 ****61.25

DOCUMENT # 751749

1. Entity Name
TREE TOPS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
PO BOX 1405
LOXAHATCHEE, FL 33470

Mailing Address
PO BOX 1405
LOXAHATCHEE, FL 33470



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004 Chg-NP CR2EO37 (10/03)

4. FEI Number
59-1986563

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

KOEPPPEL 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, I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME WOOLWICH, ELLEN M ☒ Delete
STREET ADDRESS 388 PARK FOREST WAY
CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE VP
NAME HEALY, KENNETH A. ☒ Change ☐ Addition
STREET ADDRESS 380 PARK FOREST WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE D
NAME MORSE, MARK ☐ Delete
STREET ADDRESS 340 PARK FOREST WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE S
NAME MUNSTERTEIGER, JENNIFER ☐ Change ☐ Addition
STREET ADDRESS 449 GOLDENWOOD WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE D
NAME MCGHEE, KELLY ☐ Delete
STREET ADDRESS 487 SWEETWOOD WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE D
NAME EVANS, PETER ☐ Change ☒ Addition
STREET ADDRESS 397 PARK FOREST WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE X
NAME BRISCO, SIMON ☐ Delete
STREET ADDRESS 537 GOLDENWOOD WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME HEALY, KATHY E. ☐ Delete
STREET ADDRESS 380 PARK FOREST WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME HEALY, KENNETH A. ☐ Delete
STREET ADDRESS 380 PARK FOREST WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Affiliation

12. I hereby certify that the information supplied with this does not qualify for the exemption stated in Section 19.07(3)(f), 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

01/20/04

561-762-9924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone