

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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOEPPEL GOTTLIEB, MESCHES, HERZFELD & RUBIN 222 LAKE-IEWAVENUE 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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WOOLWICH, ELLEN M 388 PARK FOREST WAY WEST PALM BEACH, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE	VP HEALY, KENNETH A. 380 PARK FOREST WAY WELLINGTON, FL 33414 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MORSE, MARK 340 PARK FOREST WAY WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE	S MUNSTERTEIGER, JENNIFER 449 GOLDENWOOD WAY WELLINGTON, FL 33414 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MCGHEE, KELLY 487 SWEETWOOD WAY WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE	D EVANS, PETER 397 PARK FOREST WAY WELUNTON, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	X BRISCO, SIMON 537 GOLDENWOOD WAY WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P HEALY, KATHY E. 380 PARK FOREST WAY WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T HEALY, KENNETH A. 380 PARK FOREST WAY WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this does not qualify for the exemption stated in Section 19.07(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: <i>Kathy E. Healy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Kathy E. Healy, President Date: 01/20/04 Daytime Phone: 561-762-9924	