


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90053 034 \*\*\*\*61.25

<b>DOCUMENT # 751749</b>							
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	4. FEI Number 59-1986563			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of Now Registered Agent				
KOEPEL, GOTTLIEB, MESCHES, HERZFELD & RUBIN TRUMP PLAZA OFFICE CENTER 525 SOUTH FLAGLER DRIVE, SUITE 200 WEST PALM BEACH, FL 33401			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 _____ DATE _____							
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HEALY, KENNETH A		NAME				
STREET ADDRESS	380 PARK FOREST WAY		STREET ADDRESS				
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MORSE, MARK		NAME				
STREET ADDRESS	340 PARK FOREST WAY		STREET ADDRESS				
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	EVANS, PETER		NAME				
STREET ADDRESS	397 PARK FOREST WAY		STREET ADDRESS				
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MUNSTERTEIGER, JENNIFER		NAME				
STREET ADDRESS	449 GOLDENWOOD WAY		STREET ADDRESS				
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HEALY, KATHY E		NAME				
STREET ADDRESS	380 PARK FOREST WAY		STREET ADDRESS				
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HEALY, KENNETH A		NAME				
STREET ADDRESS	380 PARK FOREST WAY		STREET ADDRESS				
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>		Kathy E Healy, Pres.		3/10/06 561-762-9924			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			

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