

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751749

FILED
Apr 07, 2009
Secretary of State

Entity Name: TREE TOPS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1405
LOXAHATCHEE, FL 33470

New Principal Place of Business:

380 PARK FOREST WAY
WELLINGTON, FL 33414

Current Mailing Address:

PO BOX 1405
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 59-1986563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOEPEL, GOTTLIEB, MESCHES, HERZFELD & RUBIN
TRUMP PLAZA OFFICE CENTER
525 SOUTH FLAGLER DRIVE, SUITE 200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

MCLAUGHLIN & STERN
TRUMP PLAZA OFFICE CENTER
525 SOUTH FLAGLER DRIVE, SUITE 200
WEST PALM BEACH, FL 33401 US

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: LARRY MESCHES

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HEALY, KENNETH A
Address: 380 PARK FOREST WAY
City-St-Zip: WELLINGTON, FL 33414

Title: V () Delete
Name: MCGHEE, KELLY
Address: 478 SWEETWOOD WAY
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: EUJANIE, AGUILERA
Address: 425 OAK SHADOW WAY
City-St-Zip: WELLINGTON, FL 33414

Title: S () Delete
Name: MUNSTERTEIGER, JENNIFER
Address: 449 GOLDENWOOD WAY
City-St-Zip: WELLINGTON, FL 33414

Title: P () Delete
Name: HEALY, KATHY E
Address: 380 PARK FOREST WAY
City-St-Zip: WELLINGTON, FL 33414

Title: T () Delete
Name: HEALY, KENNETH A
Address: 380 PARK FOREST WAY
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KATHY E. HEALY

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date