

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751749

FILED
Mar 31, 2010
Secretary of State

Entity Name: TREE TOPS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

380 PARK FOREST WAY
WELLINGTON, FL 33414

New Principal Place of Business:

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 (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T
Name: HEALY, KENNETH A
Address: 380 PARK FOREST WAY
City-St-Zip: WELLINTON, FL 33414

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

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

Title: S
Name: MUNSTERTEIGER, JENNIFER
Address: 449 GOLDENWOOD WAY
City-St-Zip: WELLINTON, FL 33414

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

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

I hereby 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 all other like empowered.

SIGNATURE: KATHY E. HEALY

PRES

03/31/2010

Electronic Signature of Signing Officer or Director

Date