


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90096 013 \*\*\*\*61.25

**DOCUMENT # 751749**

1. Entity Name  
**TREE TOPS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**PO BOX 1405**      **PO BOX 1405**  
**LOXAHATCHEE FL 33470**      **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       **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KOEPEL, GOTTLIEB, MESCHES, HERZFELD & RUBIN**  
**222 LAKEVIEW AVENUE**  
**SUITE 260**  
**W. PALM BEACH FL 33401-6146**

7. Name and Address of New Registered Agent

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 *Kathy E Healy*      DATE **4/29/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WOOLWICH, ELLEN M</b> <b>388 PARK FOREST WAY</b> <b>WEST PALM BEACH FL 33414</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORSE, MARK</b> <b>340 PARK FOREST WAY</b> <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCGHEE, KELLY</b> <b>487 SWEETWOOD WAY</b> <b>WELLINGTON FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRISCO, SIMON</b> <b>537 GOLDENWOOD WAY</b> <b>WELLINGTON FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HEALY, KATHY E</b> <b>380 PARK FOREST WAY</b> <b>WELLINGTON FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HEALY, KENNETH A.</b> <b>380 PARK FOREST WAY</b> <b>WELLINGTON FL 33414</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: *Kathy E Healy*      **REQUIRED**      *Kathy E Healy*      DATE **4/29/03**      **56-762-9924**

CR2E037 (10/02)