2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753865

FILED Apr 28, 2006 Secretary of State

Entity Name: TREETOPS OF NAPLES, SECTION I, INC.

Current Principal Place of Business: New Principal Place of Business:

TREETOPS DRIVE NAPLES, FL 34113 US

Current Mailing Address: New Mailing Address:

PO BOX 10249

NAPLES, FL 34101 US

FEI Number: 59-2073148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, STEPHEN P COLLIER FINANCIAL INC. 4985 EAST TAMIAMI TRAIL NAPLES, FL 34113 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete

 Name:
 RUSKAUP, MICHAEL

 Address:
 3918 CINDY AVE

Address: 3918 CINDY AVE.
City-St-Zip: NAPLES, FL 34112

 Title:
 DP
 () Delete

 Name:
 VENEZIALE, CARMEN

 Address:
 3096 TAMIAMI TRAIL N., STE

City-St-Zip: NAPLES, FL 34103

Title: D () Delete Name: COOTER, III, JOHN

Address: 3600 SEMINOLE AVE.
City-St-Zip: NAPLES, FL 34112

Title: DV (X) Change () Addition

Name: MICK, ALICIA
Address: 5324 TREETOP DR
City-St-Zip: NAPLES, FL 34113

Title: DT (X) Change () Addition

Name: VENEZIALE, CARMEN
Address: 3096 TAMIAMI TRAIL N., STE
City-St-Zip: NAPLES, FL 34103

Title: PD (X) Change () Addition

Name: COOTER, III, JOHN Address: 5385 TREETOP DR City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN COOTER PD 04/28/2006