
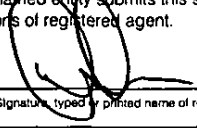



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90135 001 \*\*\*\*61.25

<b>DOCUMENT # 753865</b> 1. Entity Name <b>TREETOPS OF NAPLES, SECTION I, INC.</b>					
Principal Place of Business <b>TREETOPS DRIVE NAPLES, FL 34113 US</b>			Mailing Address <del>COLLIER FINANCIAL, INC.</del> <del>4985 TAMIAHI TRAIL E.</del> <del>NAPLES, FL 34113 US</del>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <b>Compass Group</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <b>7400 Tamiami Tr. N #101</b>		
City & State			City & State <b>Naples, FL</b>		
Zip		Country		4. FEI Number <b>59-2073148</b>	
Zip <b>34108</b>		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>HART, STEPHEN P. COLLIER FINANCIAL INC. 4985 EAST TAMIAHI TRAIL NAPLES, FL 34113</b>	
7. Name and Address of New Registered Agent <b>Compass Group Property Mgmt. 7400 Tamiami Trail North Suite 101 Naples FL 34108</b>				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  <b>Partner</b> <b>04/22/08</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MICK, ALICIA		NAME	<b>Kathleen Otto</b>	
STREET ADDRESS	5324 TREETOP DR		STREET ADDRESS	<b>5320 Treetops Dr</b>	
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP	<b>Naples FL 34113</b>	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VENEZIALE, CARMEN		NAME		
STREET ADDRESS	3096 TAMIAHI TRAIL N., STE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOTER, III, JOHN		NAME		
STREET ADDRESS	5385 TREETOP DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIZEMORE, DENNIS		NAME		
STREET ADDRESS	5216 TREETOPS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOERBER, CHARLES		NAME		
STREET ADDRESS	5318 TREETOPS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			04/22/08 239-593-1233 <small>Date Daytime Phone #</small>		