FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 23 AM 9 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763967 (7)

1. Corporation Name
TREE LAKES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2215 73RD ST. E. PALMETTO FL 34221	2215 73RD ST. E. PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1982
3a. Date of Last Report: 07/08/1994
4. FEI Number: 65-0015574 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WRIGHT, EDNA C.
2215 73RD ST.
EAST OFFICE
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Edna C. Wright Community Association Manager 1-17-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, JEANETTE	1.2 NAME	
STREET ADDRESS	2215 73RD STE #116	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL,	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	SPEECE, GLENN	2.2 NAME	
STREET ADDRESS	2215 73RD, STE. 67	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HEATH, LINDA	3.2 NAME	
STREET ADDRESS	2215 73R STE #248	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DONALD	4.2 NAME	
STREET ADDRESS	2215 73RD, STE. 334	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DWORSCHAK, JOAN	5.2 NAME	
STREET ADDRESS	2215 73RD, STE. 114	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, HARRY	6.2 NAME	
STREET ADDRESS	2215 73RD, STE. 32	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeanette Lewis Secretary Jeanette Lewis 1-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Title Daytime Phone #

0062626