

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

APPROVED
AND
FILED

95 MAR 22 PH 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-03/24/95--01039--020

*****130.00 *****61.25

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT
1994-1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
TREE LAKES ASSOCIATION, INC.

Amended

DOCUMENT #
763967 (7)

Mailing Address
**2215 73RD ST. E.
PALMETTO FL 34221**

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

If above addresses are incorrect in any way, file through incorrect information and enter correction below.

2. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Principal Place of Business
25 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
06/30/1982

3a. Date of Last Report
03/04/1993

4. FEI Number
65-0015574

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 Exempt from \$138.75 Supplemental Fee
☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**CORNELIA EDNA W
2215 73RD STREET EAST
PALMETTO FL 34221**

10. Name and Address of New Registered Agent
B1 Name
Wright Edna C.
B2 Street Address (P.O. Box Number is Not Acceptable)
2215 73rd Street East Off
B3 City
Palmetto FL 34221
B4 State
FL
B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **3-1-95**

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 1?			
1.1 TITLE	D	LEWIS	JEANETTE	1.1 TITLE	P/D	Space Glenn	
1.2 NAME				1.2 NAME			
1.3 STREET ADDRESS				1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP				1.4 CITY - ST - ZIP			
2.1 TITLE	V/P/D	GATTEN	ALBERTA	2.1 TITLE	V/P/D	Lyle Jacobs	
2.2 NAME				2.2 NAME			
2.3 STREET ADDRESS				2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP				2.4 CITY - ST - ZIP			
3.1 TITLE	S/D	HEATH	LINDA	3.1 TITLE	S/D	Lewis Jagnette	
3.2 NAME				3.2 NAME			
3.3 STREET ADDRESS				3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP				3.4 CITY - ST - ZIP			
4.1 TITLE	T/D	HENSON	DORRIS	4.1 TITLE	T/D	Florence Welch	
4.2 NAME				4.2 NAME			
4.3 STREET ADDRESS				4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP				4.4 CITY - ST - ZIP			
5.1 TITLE	D	HOOD	KENNETH	5.1 TITLE	D	Joan Dabrowschak	
5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP				5.4 CITY - ST - ZIP			
6.1 TITLE	P/D	NEAL, WILLIAM		6.1 TITLE	D	Donald AS Elman	
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP				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 Sections 119.07(3)(b), Florida Statutes. I recognize 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. I have fulfilled all obligations concerning documents properly imposed by Chapter 117, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* **2-27-95 (213) 723-1787**