2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000005720

FILED Nov 27, 2005 Secretary of State

Entity Name: TREETOP TERRACE OWNERS ASSOCIATION, INC.

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

2451 LA-LAR LANE 2400 LA LAR LN

PENSACOLA, FL 32534 PENSACOLA, FL 32534

Current Mailing Address: New Mailing Address:

2451 LA-LAR LANE 2400 LA LAR LN

PENSACOLA, FL 32534 PENSACOLA, FL 32534

FEI Number: 42-1593994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MCCARRAGHER, CHRISTINE EDGE, ULRIKE 2376 LA-LAR LANE 2400 LA LAR LN

PENSACOLA, FL 32534 US PENSACOLA, FL 32534 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: ULRIKE EDGE 11/27/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 POWERS, RICK
 Name:
 POWERS, RICK

 Address:
 2407 LA-LAR LANE
 Address:
 2407 LA LAR LN

 City-St-Zip:
 PENSACOLA, FL 32534
 City-St-Zip:
 PENSACOLA, FL 32534

Title: D () Delete Title: D (X) Change () Addition Name: GUTTMAN, BRIAN Name: GUTTMAN, BRIAN

 Address:
 2395 LA-LAR LANE
 Address:
 2395 LA LAR LN

 City-St-Zip:
 PENSACOLA, FL 32534
 City-St-Zip:
 PENSACOLA, FL 32534

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 MCCARRAGHER, CHRISTINE
 Name:
 EDGE, ULRIKE

 Address:
 2376 LA-LAR LANE
 Address:
 2400 LA LAR LN

 City-St-Zip:
 PENSACOLA, FL 32534
 City-St-Zip:
 PENSACOLA, FL 32534

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ULRIKE EDGE D 11/27/2005