2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 31, 2007 8:00 am **Secretary of State** DOCUMENT # N02000005720 01-31-2007 90044 039 ****70.00 1. Entity Name TREÉTOP TERRACE OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40007433 2400 LA LAR LN 2400 LA LAR LN PENSACOLA, FL 32534 PENSACOLA, FL 32534 2. Principal Place of Business - No P.O. Box# 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282007 Chg-NP CR2E037 (12/06) Applied For fy & State City & State 4. FEI Number 42-1593994 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDGE, ULRIKE Box Number is Not (cceptable) 2400 LA LAR LN PENSACOLA, FL 32534 NSACOLO 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Mesident D Delete रारा ह Conclas DITLE POWERS, RICK NAME NAME 365 La-Lar, Lane STREET ADDRESS 2407 LA LAR LN STREET ADORESS invacale the 32534 CITY-ST-ZIP PENSACOLA, FL 32534 CITY-ST-ZIP Thu Kramer - Vice President - Change TITLE TO Selete TITLE ☐ Addition NAME **GUTTMANN, BRIAN** 23.70 La · Lar Lan 2395 LA LAR LN STREET ADORESS STREET ADDRESS envacula. CITY-ST-ZIP PENSACOLA, FL 32534 CITY-ST-ZIP Nancy L'ullulin - Treasurer MLE ☐ Oelete TITLE ☐ Change ∠ Addition EDGE, ULR!KE NAME NAME 2419 La - Lar Lane STREET ADDRESS STREET ADDRESS **2400 LA LAR LN** CITY-ST-ZIP Unua Cola PENSACOLA, FL 32534 CITY-ST-7P ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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.

01.29.2007

FILED