

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

T. Roberts AUG 15 2005

DOCUMENT # N03000005903

1. Entity Name  
TREEO PLACE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
2245 TREEO LANE  
TALLAHASSEE, FL 32301

Mailing Address  
2245 TREEO LANE  
TALLAHASSEE, FL 32301

FILED  
05 AUG 15 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08092005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ADAMS, JEFFERY  
2245 TREEO LANE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADAMS, JEFFREY 2245 TREEO LANE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ADAMS, TA-TANISHA 2245 TREEO LANE TALLAHASSEE, FL 32301
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08/18/05--01053--002 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/05

Date

Daytime Phone #