

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90003 039 \*\*\*\*70.00

<b>DOCUMENT # N04000011208</b> 1. Entity Name <b>TREETOP RESIDENTIAL OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>348 ENTERPRISE DRIVE VALDOSTA, GA 31601</b>				Mailing Address <b>348 ENTERPRISE DRIVE VALDOSTA, GA 31601</b>	
2. Principal Place of Business - No P.O. Box # <b>1 TOWN CENTER LOOP</b>		3. Mailing Address <b>POST OFFICE BOX 1247</b>			
Suite, Apt. #, etc. <b>SUITE C16</b>		Suite, Apt. #, etc. 			
City & State <b>SANTA ROSA BEACH FL</b>		City & State <b>SANTA ROSA BEACH FL</b>			
Zip <b>32459</b>		Country <b>WALTON</b>		Zip <b>32459</b>	
Country <b>WALTON</b>		4. FEI Number <b>20-2709803</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HALL, STEVEN K 4399 COMMONS DRIVE EAST SUITE 300 DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent  Name <b>Vorbeck Gary A</b> Street Address (P.O. Box Number is Not Acceptable) <b>10065 W. Emerald Coast Pkwy</b> <b>Suite B-101</b> City <b>Destin, FL</b> Zip Code <b>32550 FL</b>	
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  DATE <b>2/14/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD GRICE, REBECCA 236 N WALTON LAKESHORE DR PANAMA CITY BCH, FL 32413</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LEDMAN, TOM 121 GWYN DRIVE PANAMA CITY BCH, FL 32408</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RAYBORN, JOEL 15 ENDLESS SUMMER WAY PANAMA CITY BCH, FL 32413</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			SIGNATURE: <b>Constance R Lang</b> Date <b>2/6/08</b> Daytime Phone # <b>8502678458</b> <b>Assoc. Mgr. / Agent for TTR Owners Assoc.</b>		