


FILED
Apr 30, 2007 08:00 A
Secretary of State

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

DOCUMENT # N08529		
1. Entity Name TREEHOUSE VILLAGE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 117 SE 16TH AVENUE GAINESVILLE, FL 32601 US		Mailing Address 117 SE 16TH AVENUE GAINESVILLE, FL 32601 US
DO NOT WRITE IN THIS SPACE		
04252007 No Chg-NP CR2E037 (4/06)		
4. FEI Number 59-3039795		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SEALES, MARY 117 SE 16TH AVENUE GAINESVILLE, FL 32601		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VAN ROOY, CARL 1030 N COLLEGE AVENUE INDIANAPOLIS, IN 46202	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BREDESON, DUANE H 6402 ODANA ROAD MADISON, WI 53719	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VAN ROOY, ADAM 1030 N COLLEGE AVENUE INDIANAPOLIS, IN 46202	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		

U00000748129
05/17/07-80055-001 70.00