

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90022 040 ****61.25

DOCUMENT # N09107

1. Entity Name
**TREETOP VILLAGE HOMEOWNERS ASSOCIATION OF
PENSACOLA, INC.**



Principal Place of Business
**8100 TREETOP LANE
PENSACOLA, FL 32514 US**

Mailing Address
**8100 TREETOP LANE
PENSACOLA, FL 32514 US**

50022461



07062006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2632936

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YUHASZ, NANCY
8105 TREETOP LN
PENSACOLA, FL 32514**

**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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME YUHASZ, NANCY
STREET ADDRESS 8105 TREETOP LANE
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE S
NAME KOZBIEL, NANCY
STREET ADDRESS 8141 TREETOP LN
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE T
NAME ROGERS, JACQUELINE S
STREET ADDRESS 8130 TREETOP LANE
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE VD
NAME RIVERS, CYNTHIA
STREET ADDRESS 8145 TREETOP LANE
CITY-ST-ZIP PENSACOLA, FL

TITLE **MEMBER AT LARGE**
NAME **BILL SHANK**
STREET ADDRESS **8110 TREETOP LN.**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **MEMBER AT LARGE**
NAME **RECHARD TODD**
STREET ADDRESS **8121 TREETOP LN.**
CITY-ST-ZIP **PENSACOLA, FL 32514**

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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: **Nancy Yuhasz Nancy Yuhasz**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-06
Date

850-494-0398
Daytime Phone