2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N09107

Entity Name: TREETOP VILLAGE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Current Principal Place of Business:

8100 TREETOP LANE
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

8100 TREETOP LANE
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 59-2632936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YUHASZ, NANCY
8105 TREETOP LN
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: YUHASZ, NANCY
Address: 8105 TREETOP LANE
City-St-Zip: PENSACOLA, FL 32514

Title: S ( ) Delete
Name: KOZBIEL, NANCY
Address: 8141 TREETOP LN
City-St-Zip: PENSACOLA, FL 32514

Title: T ( ) Delete
Name: ROGERS, JACQUELINE S
Address: 8130 TREETOP LANE
City-St-Zip: PENSACOLA, FL 32514

Title: VD ( ) Delete
Name: RIVERS, CYNTHIA
Address: 8145 TREETOP LANE
City-St-Zip: PENSACOLA, FL

Title: M ( ) Delete
Name: SHANK, BILL
Address: 8110 TREETOP LN
City-St-Zip: PENSACOLA, FL 32514

Title: M ( ) Delete
Name: TODD, RICHARD
Address: 8121 TREETOP LN
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE S ROGERS TREA 04/13/2009
Electronic Signature of Signing Officer or Director — Date