

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13019 (7)

1. Corporation Name

TREE LANE VILLAGE HOMEOWNERS INC.



Principal Place of Business

% SIETING, KEITH
5835 APOLLO ST
ZEPHYRHILLS FL 33541
US

Mailing Address

% SIETING, KEITH
5835 APOLLO ST
ZEPHYRHILLS FL 33541
US

3. Date Incorporated or Qualified
01/14/1986

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2978386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIETING, KEITH
5835 APOLLO ST
ZEPHYRHILLS FL 33541

81

Name

INGERSOLL, BEATRICE JOY

82

Street Address (P.O. Box Number is Not Acceptable)

5831 DAYTON ST

83

84

City

ZEPHYRHILLS

FL

85

Zip Code

33541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Beatrice Joy Ingersoll

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

(NOTE: Registered Agent signature required when reinstating a corporation.)

100001753711

03/22/96 01011-022

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SIETING, KEITH	
STREET ADDRESS	5835 APOLLO ST	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GREEN, DOROTHY	
STREET ADDRESS	5833 CRANBROOK ST	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOLLIFF, THELMA	
STREET ADDRESS	5733 BROADMORE ST	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	IDE, MARGUERITE	
STREET ADDRESS	5730 CRANBROOK ST	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THEISEN, LENA	
STREET ADDRESS	5730 BROADMORE ST	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELBECK, JAMES	
STREET ADDRESS	5737 CRANBROOK ST	
CITY - ST - ZIP	ZEPHYRHILLS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BEATRICE JOY INGERSOLL	
1.3 STREET ADDRESS	5831 DAYTON ST	
1.4 CITY - ST - ZIP	ZEPHYRHILLS FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GREEN, DOROTHY	
2.3 STREET ADDRESS	5833 CRANBROOK ST	
2.4 CITY - ST - ZIP	ZEPHYRHILLS FL	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	THEISEN, LENA	
3.3 STREET ADDRESS	5730 BROADMORE ST	
3.4 CITY - ST - ZIP	ZEPHYRHILLS FL	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LUGINBUHL, JOHN	
4.3 STREET ADDRESS	5808 BROADMORE ST	
4.4 CITY - ST - ZIP	ZEPHYRHILLS FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DELBECK, JAMES	
5.3 STREET ADDRESS	5737 CRANBROOK ST	
5.4 CITY - ST - ZIP	ZEPHYRHILLS FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WILSON, JANET	
6.3 STREET ADDRESS	5736 BROADMORE ST	
6.4 CITY - ST - ZIP	ZEPHYRHILLS FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, as applicable, or on an attachment with an address.

SIGNATURE:

Beatrice Joy Ingersoll

March 6, 1996

SIGNING OFFICER OR DIRECTOR

Daytime

CR2E037 (12/95)