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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
% SIETING, KEITH 5835 APOLLO ST ZEPHYRHILLS FL 33541 US
% SIETING, KEITH 5835 APOLLO ST ZEPHYRHILLS FL 33541-3236 US

3. Date Incorporated or Qualified 01/14/1986
3a. Date of Last Report 03/21/1996
4. FEI Number 59-2978386
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 C/O ELMER OKSIUTA 26 C/O ELMER OKSIUTA
Suite, Apt. #, etc. 5743 BROADMORE ST. Suite, Apt. #, etc. 5743 BROADMORE ST.
22 City & State ZEPHYRHILLS, FL. 27 City & State ZEPHYRHILLS, FL.
23 Zip 33541 Country PASCO 28 Zip 33541 Country PASCO
24 25 29 30

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
INGERSOLL, BEATRICE J
5831 DAYTON ST
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent
81 Name ELMER OKSIUTA
82 Street Address (P.O. Box Number is Not Acceptable) 5743 BROADMORE ST.
83 ZEPHYRHILLS, FLORIDA
84 City 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 TREASURER ELMER OKSIUTA *Elmer Oksiuta* MARCH 24, 1997
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	INGERSOLL, BEATRICE J	
STREET ADDRESS	5831 DAYTON ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, DOROTHY	
STREET ADDRESS	5833 CRANBROOK ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	THEISER, LENA	
STREET ADDRESS	5730 BROADMORE ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LUGINBUHL, JOHN	
STREET ADDRESS	5808 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	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, JANET	
STREET ADDRESS	5736 BROADMORE ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDITION
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	MERLE PEACOCK		
1.3 STREET ADDRESS	5820 EXCEL ST		
1.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		
2.1 TITLE	VP STANLEY ANTHONY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	5747 APOLLO ST.		
2.3 STREET ADDRESS	ZEPHYRHILLS, FL 33541		
2.4 CITY-ST-ZIP			
3.1 TITLE	SEC. BETTY BULLOCK	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	5749 DAYTON ST.		
3.3 STREET ADDRESS	ZEPHYRHILLS, FL 33541		
3.4 CITY-ST-ZIP			
4.1 TITLE	TREAS. ELMER OKSIUTA	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	5743 BROADMORE ST		
4.3 STREET ADDRESS	ZEPHYRHILLS, FL 33541		
4.4 CITY-ST-ZIP			
5.1 TITLE	DIR BILLIE ANN PACKARD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	5733 BROADMORE ST		
5.3 STREET ADDRESS	ZEPHYRHILLS, FL 33541		
5.4 CITY-ST-ZIP			
6.1 TITLE	DIR BEV ARMSTRONG	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	5819 CRANBROOK ST		
6.3 STREET ADDRESS	ZEPHYRHILLS, FL 33541		
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Elmer Oksiuta* TREASURER 3/24/97 813-182-5270
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0045790

CR2E037 (9/96)