

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90057 031 ****61.25

DOCUMENT # N13019

1. Entity Name

TREE LANE VILLAGE HOMEOWNERS INC.



Principal Place of Business

PATRICIA POTILE
5742 EXCEL ST.
ZEPHYRHILLS FL 33542
US

Mailing Address

PATRICIA POTILE
5742 EXCEL ST.
ZEPHYRHILLS FL 33542
US

2. Principal Place of Business

PEGGY MITCHELL

Suite, Apt. #, etc.

5751 DAYTON ST

City & State

ZEPHYRHILLS FL

Zip

FL 33542

Country

USA

3. Mailing Address

PEGGY MITCHELL

Suite, Apt. #, etc.

5751 DAYTON ST

City & State

ZEPHYRHILLS FL

Zip

33542

Country

USA



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2978386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETTLE, PATRICIA
5742 EXCEL ST.
ZEPHYRHILLS FL 33542

7. Name and Address of New Registered Agent

Name

PEGGY MITCHELL

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

5751 DAYTON ST

City

ZEPHYRHILLS

FL

Zip Code

33542

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

Peggy Mitchell

PEGGY MITCHELL

3/19/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PEACOCK, MERLE	
STREET ADDRESS	5820 EXCEL ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM, ONG	
STREET ADDRESS	5745 BROADMORE ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, PEGGY	
STREET ADDRESS	5818 BROADMORE ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	POTTE, PATRICIA	
STREET ADDRESS	5742 EXCEL ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENGEL, HELEN	
STREET ADDRESS	5740 BROADMORE ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OKSIUTA, BEULAH	
STREET ADDRESS	5743 BROADMORE ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, SHIRLEY	
STREET ADDRESS	5748 EXCEL ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, BEVERLY	
STREET ADDRESS	5815 DAYTON ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, PEGGY	
STREET ADDRESS	5751 DAYTON ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGORSKI DORIS	
STREET ADDRESS	5803 BROADMORE ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNSON, AL	
STREET ADDRESS	5730 BROADMORE ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLOCK, BETTY	
STREET ADDRESS	5749 DAYTON ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	

12. I 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 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: *Peggy Mitchell* PEGGY MITCHELL 3/19/05 813-782-2962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #