


FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90071 039 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N13019			
1. Entity Name TREE LANE VILLAGE HOMEOWNERS INC.			
Principal Place of Business PEGGY MITCHELL 5751 DAYTON ST ZEPHYRHILLS, FL 33542 US		Mailing Address PEGGY MITCHELL 5751 DAYTON ST ZEPHYRHILLS, FL 33542 US	
2. Principal Place of Business - No P.O. Box # Helen Engel Suite, Apt. #, etc. 5740 Cranbrook St. City & State Zephyrhills, FL. Zip 33542 Country US		3. Mailing Address Helen Engel Suite, Apt. #, etc. 5740 Cranbrook St. City & State Zephyrhills, FL. Zip 33542 Country US	
6. Name and Address of Current Registered Agent ENGLE, HELEN 5740 CRANBROOK ST ZEPHYRHILLS, FL 33542		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Helen Engel Helen Engel</u> DATE <u>03-30-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, SHIRLEY 5748 EXCEL ST ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dee Schaubel 5802 Excel St. Zephyrhills, FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOK, BEVERLY 5815 DAYTON ST ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Yvonne Shomberg 5810 Excel St Zephyrhills, FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ENGLE, HELEN 5740 CRANBROOK ST ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres Helen Engel 5740 Cranbrook St. Zephyrhills, FL 33542 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEGORSKI, DORIS 5803 BROADMORE ST ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lynette Veasey 5802 Dayton St. Zephyrhills, FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNSON, AL 5730 BROADMORE ST ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Beverly Cook 5815 Dayton St. Zephyrhills, FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLOCK, BETTY 5749 BROADMORE ST ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beulah Oksiuta 5743 Broadmore St. Zephyrhills, FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Helen Engel Helen Engel</u>		3-30-07 813-788-6350 813-788-6350	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	