

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

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90037 041 ****61.25

DOCUMENT # N13504

1. Entity Name

TREETOP VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

170 REGATTA ST.
MELBOURNE BEACH FL 32951

Mailing Address

170 REGATTA ST.
MELBOURNE BEACH FL 32951

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3033184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENNIS R. DORY
170 REGATTA ST.
MELBOURNE BEACH FL 32951

Regatta

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

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	PD	<input type="checkbox"/> Delete
NAME	DORY, DENNIS R	
STREET ADDRESS	125 TREETOP DR.	
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLADING, ALICE	
STREET ADDRESS	117 TREETOP DR.	
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAZZOLI, NOREEN	
STREET ADDRESS	158 REGATTE ST.	
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WINTON, JEANNE	
STREET ADDRESS	107 TREETOP DRIVE	
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOKTOR, DOROTHY	
STREET ADDRESS	1005 MAIN ST.	
CITY - ST - ZIP	DALTON MA 01226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS, WILLIAM	
STREET ADDRESS	115 TREETOP DR	
CITY - ST - ZIP	MELBOURNE BEACH, FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Dennis R. Dory* Dennis R. Dory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-05 (321) 727-8630

Date

Daytime Phone #