App ied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N18712

TREETOPS OF WINTER PARK CONDOMINIUM ASSOCIATION. INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

737 MARYLAND AVE WINTER PARK FL 32789

Suite, Apt. #, etc.

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737 MARYLAND AVE WINTER PARK FL 32789

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Apr 29, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

01/13/1987

59-2748342

4. FEI Number

City & S at	e	City & State			5. Certificate a	of Status Desired		\$0.13 A	1		
23		28			U. Gertilotte			Fee Req	uired		
Zip	Country	Zip Country		У	6. Election Ca	ampaign Financir	ng 🗆	\$5.00 h	1ay Be		
24		29 30			Trust Fund			Added to Fees			
	9. Name and Address of Current F	Registered Agent			10. Name and	Address of Ne	w Registered	Agent			
			8	Name							
HEBERT. I	KENNETH C.		8:	2 Street Add	fress (P.O. Box Nu	mber is Not Acce	eptable)				
737 MARYLAND AVE					37 MARY		<u>/е</u>				
WINTER PARK FL 32789			8	83 WINTER PARK							
***************************************			84		TOTER THE	<u>r</u> k		85 Zip Ci	nde		
			"	City			FL	. 32	789		
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 cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTF:: F	Registered Ag	ent signature requir	red when reinstating)		DATE				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS	CHANGES TO	OFFICERS //N				
TITLE	VPD	DELETE	1,1 TITLE		\mathcal{D}			Change	☐ Addition		
NAME	MCANALLY, WILLIAM		1 2 NAME		Aimee TO 1737 MAN WINTER	IFTEN	AVE.				
STREET ADDRESS	735 MARYLAND AVE.		1.3 STRE	ET ADORESS	737	7		يسر ديد			
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-	ST-ZIP	WINTER	PARK, FO	<u>c. 3277</u>	89			
TITLE	STD	☐ DELETE	2.1 TITLE			•		☐ Change	☐ Addition		
NAME	HEBERT, RHODA L.		2.2 NAME								
STREET ADDRESS	737 MARYLAND AVE.		2.3 STRE	ET ADDRESS							
CITY-ST-ZIP	WINTER PARK FL		2. 4 CITY	·ST-ZIP							
TITLE	PD	☐ DELETE	3.1 TITLE					Change	Addition		
NAME	HEBERT, KENNETH C.		32 NAME						Į		
STREET ADDRE 3S	737 MARYLAND AVE		3.3 STRE	ET ADDRESS	•						
CITY-ST-ZIP	WINTER PARK FL		3.4. CITY	ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition		
NAME			4 2 NAM	E							
STREET ADDRESS			4.3 STRE	ET ADDRESS							
CITY-ST-ZIP			4.4 CITY-	ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE					Change	Addition		
NAME			5.2 NAME								
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			5.4 CITY-								
TITLE		☐ DELETE	6.1 TITLE	l				Change	Addition		
NAME			6.2 NAME	- (j		
STREET ADDRE 3S			6.3 STRE	ET ADDRESS							
CITY-ST-ZIP			6.4 CITY-	ST-ZIP							

Thereby 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 of 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 receipter of trustee empowered to execute this report as recuired by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for or an integration with an address, with all other like empowered.

SIGNATURE:

YTURE REQUIRED