2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18712

1. Entity Name

TREETOPS OF WINTER PARK CONDOMINIUM ASSOCIATION, INC.



Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90095 026 ****61.25

FILED

Principal Place of Business Mailing Address 737 MARYLAND AVE 737 MARYLAND AVE WINTER PARK FL 32789 WINTER PARK FL 32789 3. Mailing Address 211 N. Magnolia Avenue 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Orlando, State FL 4. FEI Number 59-2748342 Applied For Not Applicable Zip 32801 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name David A. Yergey, Jr. KOZAK, WENDY A Street Address (P.O. Box Number is Not Acceptable) 211 N. Magnolia Avenue 737 MARYLAND AVE WINTER PARK FL 32789 City Orlando, Zip Code 32801 above named entity submittee obligations of registered a dement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 4-2-03 David A. Yergey, Jr. SIGNATURE, ered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. P;VP;dS; bT, VDar Proc., Castro (▼ Change TITLE Delete TITLE HIRTEN, AIMEE NAME NAME David A. Yergey, Jr. STREET ADDRESS 737 MARYLAND AVENUE STREET ADDRESS 211 N. Magnolia Ave., Orlando, FL 32801 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change Addition TITLE ☐ Delete TITLE HEBERT, RHODA L. NAME NAME 737 MARYLAND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Delete Change ☐ Addition HEBERT, KENNETH C. -NAME NAME STREET ADDRESS 737 MARYLAND AVE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

4-2-03

407-843-0430