

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 PM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19217

(1)

1. Corporation Name

THE TREETOPS AT RANGER POINT HOMEOWNERS' ASSOCIA
TION, INC.

Principal Place of Business

Mailing Address

% RONALD MUSTARI
290 COCOANUT AVE.
SARASOTA FL 34236

% RONALD MUSTARI
290 COCOANUT AVE.
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1987

3a. Date of Last Report

04/11/1994

4. FEI Number

65-0015703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 27073

26 P.O. BOX 27073

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 EL JOBEAN FL

28 EL JOBEAN FL

24 Zip Country

29 Zip Country

24 33927

29 33927

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUSTARI, RONALD
290 COCOANUT AVE.
SARASOTA FL 34236

81 Name

SIMMONS IRENE

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

14267 PALM TERRACE

83

84 City

PORT CHARLOTTE

FL

85 Zip Code

33953

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE IRENE SIMMONS TREASURER

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

(NOTE: Registered Agent signature required when registering)

Irene Simmons

4/22/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MUSTARI, RONALD
290 COCOANUT AVE.
SARASOTA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DS
SUSHKO, GLORIA
4231 OAK TERRACE CIRCLE
PT CHARLOTTE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
KEEFER, JIM
4234 TREE TOPS DRIVE
PT CHARLOTTE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
FRASER, REID
4240 TREE TOPS DR
PT. CHARLOTTE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
STILSON, MILDRED
14261 PALM TERRACE
PT CHARLOTTE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☒ Change ☐ Addition

DT
SIMMONS IRENE
14267 PALM TERRACE
PORT CHARLOTTE, FL 33953

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JIM KEEFER PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimm H Keefe

Date

4-21-95 813-6253715