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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N19217 (1)

1. Corporation Name

THE TREETOPS AT RANGER POINT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 27073 EL JOBEAN FL 33927 US	PO BOX 27073 EL JOBEAN FL 33927-7073 US

3. Date Incorporated or Qualified: **02/12/1987**
3a. Date of Last Report: **04/08/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

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

9. Name and Address of Current Registered Agent

SIMMONS, IRENE
14267 PALM TERR
PORT CHARLOTTE FL 33953

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUSTARI, RONALD		1.2 NAME		
STREET ADDRESS	290 COCOANUT AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	2.1 TITLE	D S	☒ Change ☐ Addition
NAME	SUSHKO, GLORIA		2.2 NAME	DOYLE RUSS	
STREET ADDRESS	4231 OAK TERRACE CIRCLE		2.3 STREET ADDRESS	14277 PALM TERRACE	
CITY-ST-ZIP	PT CHARLOTTE FL		2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE	DP	☒ DELETE	3.1 TITLE	D P	☒ Change ☐ Addition
NAME	KEEFER, JIM		3.2 NAME	MELNICHUK	
STREET ADDRESS	4234 TREE TOPS DRIVE		3.3 STREET ADDRESS	14287 PALM TERRACE	
CITY-ST-ZIP	PT CHARLOTTE FL		3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE	D	☒ DELETE	4.1 TITLE	D VP	☒ Change ☐ Addition
NAME	FRASER, REID		4.2 NAME	MEYERS KEN	
STREET ADDRESS	4240 TREE TOPS DR		4.3 STREET ADDRESS	4294 TREE TOPS DR	
CITY-ST-ZIP	PT. CHARLOTTE FL		4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, IRENE		5.2 NAME		
STREET ADDRESS	14267 PALM TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Irene B Simmons Treas 3/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0058383