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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US

3. Date Incorporated or Qualified

02/12/1987

4. FEI Number

65-0015703

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMMONS, IRENE
14267 PALM TERR
PORT CHARLOTTE FL 33953**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	MUSTARI, RONALD	
STREET ADDRESS	290 COCOANUT AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	☐ DELETE
NAME	DOYLE, RUSS	
STREET ADDRESS	14277 PALM TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DP	☐ DELETE
NAME	MELNICHUK	
STREET ADDRESS	14287 PALM TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DVP	☐ DELETE
NAME	MEYERS, KEN	
STREET ADDRESS	4294 TREETOPS DR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DT	☐ DELETE
NAME	SIMMONS, IRENE	
STREET ADDRESS	14267 PALM TERR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 SIMMONS
TREASURER 1/25/98 941-743-6817

CR2E037 (10/97)