2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2006
Secretary of State

DOCUMENT# N19217

Entity Name: THE TREETOPS AT RANGER POINT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 27073
EL JOBEAN, FL 33927 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 27073
EL JOBEAN, FL 33927 US

New Mailing Address:

FEI Number: 65-0015703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, SANDRA
14251 PALM TERRACE
PORT CHARLOTTE, FL 33953 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: DOYLE, RUSSELL
Address: 14277 PALM TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D/VP ( ) Delete
Name: RESSEGUIE, BARBARA
Address: 14244 SPRUCE LAME
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D/T ( ) Delete
Name: JOHNSON, SANDRA
Address: 14251 PALM TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: DS ( ) Delete
Name: SMITH, GINGER
Address: 4244 TREETOPS DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D ( ) Delete
Name: HESS, HERTA
Address: 14287 PALM TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: SUSHKO, GLORIA
Address: 4231 OAK TERRACE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA RESSEGUIE VP/D 03/04/2006
Electronic Signature of Signing Officer or Director Date