

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19217

FILED
Mar 03, 2007
Secretary of State

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:

4320 TREE TOPS DRIVE
PORT CHARLOTTE, FL 33953 US

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: DVP () Delete
Name: RESSEGUIE, BARBARA
Address: 14244 SPRUCE LANE
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: SUSHKO, GLORIA
Address: 4231 OAK TERRACE CIRCLE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

DVP

03/03/2007

Electronic Signature of Signing Officer or Director

Date