

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19217

FILED  
Mar 16, 2012  
Secretary of State

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

**Current Principal Place of Business:**

4320 TREE TOPS DRIVE  
EL JOBEAN, FL 33927 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O STAR HOSPITALITY MANAGEMENT, INC.  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 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:**

STAR HOSPITALITY MANAGEMENT, INC.  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 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: P  
Name: FITZGERALD, PATRICK  
Address: 14245 PALM TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VP  
Name: SLAUNWHITE, RICHARD  
Address: 65 WOODLAWN RD  
City-St-Zip: DARTMOUTH, NS B2W 2S2 CN

Title: S/T  
Name: BARRY, AL  
Address: 4265 OAK TERRACE CIR  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D  
Name: MULLER, LISA  
Address: 4284 TREE TOPS DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D  
Name: MC CABE, DONALD  
Address: 4251 HAYNES RD  
City-St-Zip: STOCKBRIDGE, MI 49285

I hereby 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 all other like empowered.

SIGNATURE: PATRICK FITZGERALD

P

03/16/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date