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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N44833

(4)

Mailing Address

TREETOPS AT NORTH FORTY-PLACID CONDOMINIUM ASSOCIATION, INC.

or Business	Maining Address				
TREET 34278	4235 PLACID DRIVE SARASOTA FL 34243				<u>,</u>
SARASOTA FL 34278			3. Date Incorporated or Qualified 08/23/1991		_ast Report 1/1995
ce of Business	2a. Mailing Address		4. FEI Number 65-0326312		Applied For Not Applicable
			00 0020012	60	.75 Additional
e, etc.			5. Certificate of Status Desired	1 T	Fee Required
	City & State		Election Campaign Financing Trust Fund Contribution	1) 7	5.00 May Be
Country 25	Zip	Country 30			er s. 199.032,
	11	<u> </u>	10. Name and Address of New Re	egistered Agen	
TA FL 34248 o the provisions of Sections 617.050 and execut or both in the State of Flor	rida. Such change was authorize	SO DV the corporation 5 Doc	oration submits this statement for the purp and of directors. I hereby accept the applo	FL nose of changing	its registered offic
and the state of t	et and title it applicable. (NO	TE: Registered Agent signature recurr	ed when reinstating)	DATE	
Signature, typed of printed have of together agent		13.	ADDITIONS/CHANGES TO OF FIGERS AND DIRECTORS IN 12		
		1.1 TiTLE		□ Ch	ange 🔲 Addition
•		12 NAME			
	DELETE	2 1 TITLE		☐ Ch	ange 🔲 Addition
•	_	2 2 NAME			
		2 3 STREET ADDRESS			
		2 4 CHTY - ST - ZIP			
D	DELETE	3 1 TITLE		□ Cn	ange 🔲 Addition
DERBY, MICHELLE C		3.2 NAME			
4235 PLACID DR		3 3 STREET ADDRESS			
SARASOTA FL		3 4 CITY-ST-ZIP			
	DELETE	4.1 TITLE		☐ Ch	ange Addition
	Country Country See of Business The country See of Business T	TREET 4235 PLACID DRIVE SARASOTA FL 34243 34278 Ce of Business 26 Suite, Apt. #, etc. City & State 28 Country 25 9. Name and Address of Current Registered Agent AICHELLE C CID DR TA FL 34248 On the provisions of Sections 617,0502 and 617,1508. Florida Statutes and agent, or both, in the State of Florida. Such change was authorize th, and accept the obligations of, Section 617,0503, Florida Statutes. Signetic re, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS D KNOP, HOWARD 4206 PLACID DR SARASOTA FL D DELETE D DERBY, MICHELLE C 4235 PLACID DR SARASOTA FL D DELETE	34278 34278 2a. Mailing Address 2b. Suite, Apt. #, etc. 27 City & State 28 Country 25 29 30 30 3. Name and Address of Current Registered Agent AllCHELLE C CICID DR TA FL 34248 33 44 City Determination of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation's body agent, or both, in the State of Florida. Such change was authorized by the corporation's body, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, hybrid or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS DELETE NNOP, HOWARD 4206 PLACID DR 5ARASOTA FL D DELETE 21 TITLE 22 NAME 23 SIREET ADDRESS SARASOTA FL D COX, JOHN 4239 PLACID DR 5ARASOTA FL D COREETE 31 STREET ADDRESS SARASOTA FL A CITY-ST-ZIP D CORESPY, MICHELLE C 4235 PLACID DR 5ARASOTA FL 3 STREET ADDRESS	34278 34278 34278 34278 3. Date Incorporated or Qualified 06/23/1991 4. FEI Number 65-0326312 5. Certificate of Status Desired City & State City & State Country Zip Country Zip Country Zip Country 30 9. Name and Address of Current Registered Agent AlCHELLE C CID DR IA F. 34248 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 Name and Address of Status Desired on the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the pure ad agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appeth, and accept the obligations of, Section 617,0502 and 617,1508. Florida Statutes. B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 Name B4 City D5 Deprovisions of Sections 617,0502 and 617,1508. Florida Statutes. B4 City D6 Deprovisions of Sections 617,0502 and 617,1508. Florida Statutes. B4 City B5 Name and Address of New Received Agent and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appeth, and accept the obligations of, Section B17,0503. Florida Statutes. B5 Name and Address of Current Registered Agent and accept the obligations of Sections B17,0503. Florida Statutes. B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B4 City D6 D6 D7 D7 D8	34279 34279 3. Date incorporated or Quelified 06/23/1991 3. Date incorporated or Status Described in stranging incorporated in status or Quelified 06/23/1991 3. Date incorporated in status Described in status D

610Y-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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

4 2 NAME 4.3 STREET ADDRESS

51 TIFLE

52 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

4 4 CITY - ST - ZIP

5.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE: MULLULE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NUBY MICHELE C.D.

5/1/94 941.377.5764

☐ Change

CR2E037 (12/95)

Addition

■ Addition