


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N45122 1. Entity Name TREEHAVEN ESTATES HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 10210 CHIP LANE NEW PORT RICHEY, FL 34653	Mailing Address 10210 CHIP LANE NEW PORT RICHEY, FL 34653
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DO NOT WRITE IN THIS SPACE



03072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3084276	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, CAROLYN L.
10210 CHIP LANE
NEW PORT RICHEY, FL 34653

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution, ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD COLLINS, MARY K 4421 SAIL DR. HOLIDAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D COLLINS, CAROLYN L 10210 CHIP LANE NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUTCHINGS, DIANE 107 JACK ST. GREEN COVE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/04/05-80011-023 61.25

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  CAROLYN COLLINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/27/05 Daytime Phone # _____