

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45122

FILED
Apr 02, 2009
Secretary of State

Entity Name: TREEHAVEN ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

10210 CHIP LANE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

10210 CHIP LANE
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 59-3084276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, CAROLYN L.
10210 CHIP LANE
NEW PORT RICHEY, FL 34653 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: VSD () Delete
Name: COLLINS, MARY K
Address: 4421 SAIL DR.
City-St-Zip: HOLIDAY, FL

Title: P/D () Delete
Name: COLLINS, CAROLYN L
Address: 10210 CHIP LANE
City-St-Zip: NEW PORT RICHEY, FL

Title: D () Delete
Name: HUTCHINGS, DIANE
Address: 107 JACK ST.
City-St-Zip: GREEN COVE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition
Name: COLLINS, MARY K
Address: 12906 BOX DRIVE
City-St-Zip: HUDSON, FL

Title: P/D (X) Change () Addition
Name: COLLINS, CAROLYN L
Address: 10210 CHIP LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D (X) Change () Addition
Name: HUTCHINGS, DIANE
Address: 107 JACK STREET
City-St-Zip: GREEN COVE SPRINGS, FL

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN L. COLLINS

P/D

04/02/2009

Electronic Signature of Signing Officer or Director

Date