

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90154 031 ****61.25

DOCUMENT # N47195

1. Entity Name
TREETOP HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
~~36 TREETOP CIRCLE~~ **36 TREETOP CIR**
ORMOND BEACH, FL 32174 US **36** ORMOND BEACH, FL 32174 US



03202008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3109730** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D
4 OLD KINGS RD. NORTH
PALM COAST, FL 32137

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ~~KELLY, STEVE~~ **CHARLES HICKS**
STREET ADDRESS ~~36 TREETOP CIR~~ **38 TREETOP CIR**
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VPD
NAME ~~WILSON, ALICE~~ **TROUSDELL, THOMAS**
STREET ADDRESS ~~36 TREETOP CIR~~
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D TREAS
NAME ~~HAYLIN, GLORIA~~ **FURCHER, LOUISE**
STREET ADDRESS ~~36 TREETOP CIR~~ **36 TREETOP CIR**
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE SECRETARY
NAME **KELLY, CYNTHIA**
STREET ADDRESS **17 TREETOP CIR.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, or other like empowered.

TREAS
SIGNATURE: *Louise Furcher* **LOUISE FURCHER** **3/28/08** **386**
386
437-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #