

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47195

FILED
Jan 30, 2009
Secretary of State

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

Current Principal Place of Business:

36 TREETOP CIR
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

36 TREETOP CIR
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-3109730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D
4 OLD KINGS RD. NORTH
PALM COAST, FL 32137 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: PD () Delete
Name: HICKS, CHARLES
Address: 36 TREE TOP CIR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD () Delete
Name: TROUDSDALL, THOMAS
Address: 36 TREE TOP CIR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: FUNCHEON, LOUISE
Address: 36 TREE TOP CIR
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: S () Delete
Name: KELLY, CYNTHIA
Address: 17 TREE TOP CIR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LOUISE FUNCHEON

TREA

01/30/2009

Electronic Signature of Signing Officer or Director

Date