

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47195

**FILED**  
**Apr 10, 2010**  
**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:**

36 TREETOP CIRCLE  
ORMOND BEACH, FL 32174

**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  
Name: TROUSDELL, THOMAS  
Address: 41 TREE TOP CIR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD  
Name: MCCOOL, TERRY  
Address: 20 TREE TOP CIR  
City-St-Zip: ORMOND BEACH, FL 32174

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

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

I hereby 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 all other like empowered.

SIGNATURE: LOUISE FUNCHEON

TREA

04/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date