


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002806 (8)**

1. Corporation Name

HOMEOWNERS ASSOCIATION OF TREE TOP ESTATES, INC.



Principal Place of Business

Mailing Address

**6288 BLANK DRIVE
JACKSONVILLE FL 32244**

**6288 BLANK DRIVE
JACKSONVILLE FL 32244-2564**

3. Date Incorporated or Qualified
06/23/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 14822**

26 **6319 Cranberry Lane W**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Jacksonville FL**

28 **Jacksonville FL**

Zip

Country

Zip

Country

24 **32238-1822**

25 **Dumk**

29 **32244**

30 **Dumk**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DANIELSON, CORINA
6288 BLANK DRIVE
JACKSONVILLE FL 32244**

81 Name

Winnie Pender

82 Street Address (P.O. Box Number is Not Acceptable)

6319 CRANBERRY LANE W

83

84 City

Jacksonville

FL

85 Zip Code

32244

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Winnie Pender
Signature, typed or printed name of registered agent and title if applicable.

Winnie Pender Treasurer
(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRITCHARD, ELIZABETH	
STREET ADDRESS	6304 BLANK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLTZKIE, PHYLLIS	
STREET ADDRESS	7069 JEFF DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRITCHARD, ELIZABETH	
STREET ADDRESS	6304 BLANK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PENDER, WINNIE	
STREET ADDRESS	6319 CRANBERRY LANE W	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIELSON, CORINA	
STREET ADDRESS	6288 BLANK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	EVELYN, CURTIS	
STREET ADDRESS	6091 GULF DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Winnie Pender

7/10/97

(Treasurer)

CR2E037 (9/96)