

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90022 012 \*\*\*\*61.25

0008471

**DOCUMENT # N93000002806**

1. Corporation Name

**HOMEOWNERS ASSOCIATION OF TREE TOP ESTATES, INC.**

Principal Place of Business

P O BOX 14822  
JACKSONVILLE FL 32238-822  
US

Mailing Address

6319 CRANBERRY LN W  
JACKSONVILLE FL 32244  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

**06/23/1993**

4. FEI Number

**59-3224367**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**PENDER, WINNIE**  
**6319 CRANBERRY LANE WEST**  
**JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD  
NAME PRITCHARD, ELIZABETH  
STREET ADDRESS 6304 BLANK DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD  
NAME KLTZKIE, PHYLLIS  
STREET ADDRESS 7969 JEFF DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD  
NAME PRITCHARD, ELIZABETH  
STREET ADDRESS 6304 BLANK DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD  
NAME PENDER, WINNIE  
STREET ADDRESS 6319 CRANBERRY LANE W  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME DANIELSON, CORINA  
STREET ADDRESS 6288 BLANK DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-29-99**

Date

**(904) 723-5754**

Daytime Phone #

CR2E037 (11/98)