

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002806

1. Entity Name

HOMEOWNERS ASSOCIATION OF TREE TOP ESTATES, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90011 023 ****61.25

Principal Place of Business

Mailing Address

P O BOX 14822
JACKSONVILLE FL 32238-822
US

6319 CRANBERRY LN W
JACKSONVILLE FL 32244-2505
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3224367

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENDER, WINNIE
6319 CRANBERRY LANE WEST
JACKSONVILLE FL 32244

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME EVELYN, CURTIS
STREET ADDRESS 6091 GULF DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 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, with all other like empowered.

SIGNATURE:

Winnie Pender
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-00 (904) 723-5754
Date Daytime Phone #

CR2E037 (9/99)