

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000002806

1. Entity 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**

FILED
Apr 27, 2005 08:00 AM
Secretary of State



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3224367

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000336907
04/27/05-80144-020 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
SMITH, DEBBIE
6267 NORSE DRIVE
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KLTZKIE, TERRY
7969 JEFF DRIVE
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CARLSON, RUSSELL
6311 IAN CHAD DRIVE EAST
JACKSONVILLE, FL 32244**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HALL, ANGIE
6326 CRANBERRY LANE W
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KLTZKIE, PHYLLIS
7969 JEFF DRIVE
JACKSONVILLE, FL 32244**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-25-05 (904) 778-8029