

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3224367	Applied For ☐ Not Applied
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PENDER, WINNIE 6319 CRANBERRY LANE WEST JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DEBBIE 6267 NORSE DRIVE JACKSONVILLE FL 32244	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLTZKIE, TERRY 7969 JEFF DRIVE JACKSONVILLE FL 32244	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, RUSSELL 6311 IAN CHAD DRIVE EAST JACKSONVILLE FL 32244	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENDER, WINNIE 6319 CRANBERRY LANE W JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, ANGIE 6326 CRANBERRY LANE W JACKSONVILLE FL 32244	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLTZKIE, PHYLLIS 7969 JEFF DRIVE JACKSONVILLE FL 32244	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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U00000515001
04/29/06-80193-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.