

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90063 043 ****61.25

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1. Entity Name

HOMEOWNERS ASSOCIATION OF TREE TOP ESTATES, INC.



Principal Place of Business

Mailing Address

P O BOX 14822
JACKSONVILLE FL 32238-822
US

6319 CRANBERRY LN W
JACKSONVILLE FL 32244
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3224367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME: S
STREET ADDRESS: SMITH, DEBBIE
CITY-STATE-ZIP: 6267 NORSE DRIVE JACKSONVILLE FL 32244 ☒ Delete

TITLE
NAME: D. ZAL, KENNETH ☐ Change ☒ Addition
STREET ADDRESS: 6267 Blank Drive
CITY-STATE-ZIP: Jacksonville, FL 32244

TITLE
NAME: D
STREET ADDRESS: KLTZKIE, TERRY
CITY-STATE-ZIP: 7969 JEFF DRIVE JACKSONVILLE FL 32244 ☒ Delete

TITLE
NAME: D. Kaye, Sheila ☐ Change ☒ Addition
STREET ADDRESS: 6277 Blank Drive
CITY-STATE-ZIP: Jacksonville, FL 32244

TITLE
NAME: D
STREET ADDRESS: CARLSON, RUSSELL
CITY-STATE-ZIP: 6311 IAN CHAD DRIVE EAST JACKSONVILLE FL 32244 ☐ Delete

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-STATE-ZIP:

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

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: P
STREET ADDRESS: HALL, ANGIE
CITY-STATE-ZIP: 6326 CRANBERRY LANE W JACKSONVILLE FL 32244 ☒ Delete

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: D
STREET ADDRESS: KLTZKIE, PHYLLIS
CITY-STATE-ZIP: 7969 JEFF DRIVE JACKSONVILLE FL 32244 ☒ Delete

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-STATE-ZIP:

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.

SIGNATURE:

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

04/23/07 (904) 778-8029