2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# N93000002806

Entity Name: HOMEOWNERS ASSOCIATION OF TREE TOP ESTATES, INC.

Current Principal Place of Business:

P O BOX 14822
JACKSONVILLE, FL 32238822 US

New Principal Place of Business:

6319 CRANBERRY LANE WEST
JACKSONVILLE, FL 32244 US

Current Mailing Address:

6319 CRANBERRY LN W
JACKSONVILLE, FL 32244 US

New Mailing Address:

P O BOX 14822
JACKSONVILLE, FL 32238 US

FEI Number: 59-3224367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ZAK, KENNETH
Address: 6267 BLANK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: KAYE, SHEILA
Address: 6277 BLANK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: CARLSON, RUSSELL
Address: 6311 IAN CHAD DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD ( ) Delete
Name: PENDER, WINNIE
Address: 6319 CRANBERRY LANE W
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINNIE PENDER TD 01/31/2009

Electronic Signature of Signing Officer or Director — Date