

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2003 8:00 am
Secretary of State

08-26-2003 90023 012 ****61.25

0066160

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**

2. Principal Place of Business

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

☐ CHECK HERE IF MAKING CHANGES



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

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KLTZKIE, TERRY	
STREET ADDRESS	7969 JEFF DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KLTZKIE, PHYLLIS	
STREET ADDRESS	7969 JEFF DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLSON, RUSSELL	
STREET ADDRESS	6311 IAN CHAD DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PENDER, WINNIE	
STREET ADDRESS	6319 CRANBERRY LANE W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	President	<input type="checkbox"/> Delete
NAME	Kenneth Zak	
STREET ADDRESS	6267 Blank Drive	
CITY-ST-ZIP	Jacksonville FL 32244	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	WEE Greene	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delbie Smith	
STREET ADDRESS	6267 Nordic Drive	
CITY-ST-ZIP		
TITLE	KLTZKIE TERRY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7969 Jeff Drive	
STREET ADDRESS	Jacksonville FL 32244	
CITY-ST-ZIP		
TITLE	Directors	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLTZKIE, Phyllis	
STREET ADDRESS	7969 Jeff Drive	
CITY-ST-ZIP	Jacksonville FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
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:

SIGNATURE REQUIRED

5/16/03

(904)

**778-8029 H#
723-5754 H#**

CR2E037 (10/02)