

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001533 (6)

1. Corporation Name

TREETOPS BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6613 KANSAS ST
BRADENTON FL 34281

Mailing Address

P.O. BOX 5452
BRADENTON FL 34281-5452

3. Date Incorporated or Qualified

03/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0660372

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEAVER, PHILIP M
6613 KANSAS ST
BRADENTON FL 34281

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

Change Addition

1.2 NAME

PHILIP M. WEAVER

1.3 STREET ADDRESS

6613 KANSAS, BOX 5452

1.4 CITY - ST - ZIP

BRADENTON, FL. 34281

2.1 TITLE

V. PRES. + TREASURER

Change Addition

2.2 NAME

M. JOAN WEAVER

2.3 STREET ADDRESS

6613 KANSAS ST. P.O. BOX 5452

2.4 CITY - ST - ZIP

BRADENTON, FL. 34281

3.1 TITLE

SECRETARY

Change Addition

3.2 NAME

CARLOS BELL

3.3 STREET ADDRESS

3109 VIVIENDA BLVD.

3.4 CITY - ST - ZIP

BRADENTON, FL. 34207

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PHILIP M. WEAVER 1/21/97 941.756-3834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075492

CR2E037 (9/96)