


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90162 005 \*\*\*\*61.25

**DOCUMENT # N96000001833**

1. Entity Name  
**TREETOPS PARK ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**2955 HARTLEY ROAD, SUITE 205**      **2955 HARTLEY ROAD, SUITE 205**  
**JACKSONVILLE, FL 32257**      **JACKSONVILLE, FL 32257**

**50024646**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

03072005    Chg-NP      CR2E037 (10/03)

City & State      City & State

4. FEI Number  
**59-3374432**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired          **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HADDAD, WILLIAM N**  
**2955 HARTLEY ROAD, SUITE 205**  
**JACKSONVILLE, FL 32257**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HADDAD, WILLIAM N</b>
STREET ADDRESS	<b>2955 HARTLEY ROAD, SUITE 205</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BRUCE, MICHAEL T</b>
STREET ADDRESS	<b>7563 PHILLIPS HIGHWAY, BLDG 500</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HIREZI, MANUEL</b>
STREET ADDRESS	<b>9241 CHURCH STREET</b>
CITY-ST-ZIP	<b>MANASSAS, VA 20110</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-10 --**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<b>D Nadeem Zebouni</b>
STREET ADDRESS	<b>7563 Phillips Highway, Bldg 600</b>
CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input 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: William Haddad      William Haddad      3/7/05      904-262-5066  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #