

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011208

Entity Name: TREETOP RESIDENTIAL OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**COMMUNITY MANAGEMENT ASSOCIATES, INC.
7 TOWN CENTER LOOP SUITE C-16
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**COMMUNITY MANAGEMENT ASSOCIATES INC.
1465 NORTHSIDE DR. N.W. 128
ATLANTA, GA 30318 US**FEI Number:** 20-2709803**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HENNING, ERIC J.
COMMUNITY MANAGEMENT ASSOCIATES, INC.
7 TOWN CENTER LOOP SUITE C-16
SANTA ROSA BEACH, FL 32459 US*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:** ERIC J. HENNING

04/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	ANSON, NANCY
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

Title	CFO
Name	ROBINSON, DERYCK
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

Title	CEO
Name	LIRETTE, KEVIN
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

Title	OTHER
Name	HENNING, ERIC J.
Address	COMMUNITY MANAGEMENT ASSOCIATES INC. 1465 NORTHSIDE DR. N.W. 128
City-State-Zip:	ATLANTA GA 30318

I hereby 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 all other like empowered.

SIGNATURE: ERIC J. HENNING

OTHER

04/23/2020

Electronic Signature of Signing Officer/Director Detail

Date