

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19217

Entity Name: THE TREETOPS AT RANGER POINT HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4320 TREE TOPS DRIVE
EL JOBEAN, FL 33927**Current Mailing Address:**C/O STAR HOSPITALITY MANAGEMENT, INC.
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US**FEI Number: 65-0015703****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAR HOSPITALITY MANAGEMENT, INC.
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	ALEXANDER, ROGER
Address	C/O STAR HOSPITALITY MANAGEMENT, INC. 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	VP
Name	BRUCE, THERESA
Address	C/O STAR HOSPITALITY MANAGEMENT, INC. 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	S/T
Name	MACDONALD, ROBERT
Address	C/O STAR HOSPITALITY MANAGEMENT, INC. 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	BARRY, ALEXANDER
Address	C/O STAR HOSPITALITY MANAGEMENT, INC. 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	NOWAK, MARCIA
Address	C/O STAR HOSPITALITY MANAGEMENT, INC. 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

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: ROGER ALEXANDER**PRES****03/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date