

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90029 049 \*\*\*\*61.25



NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

*Football at Suntree Association, Inc.*

Principal Place of Business

Mailing Address

*239 Country Club Drive  
 Melbourne, FL 32940*

*239 Country Club Drive  
 Melbourne, FL 32940*

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

*06/29/1999*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For  
 Not Applicable

22

27

*59-2025014*

City & State

City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Sabelli, Ann  
 6939 North Wickham Road  
 Melbourne, FL 32940*

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<i>PD</i>	<input type="checkbox"/> DELETE
NAME	<i>Alfred Cafarella</i>	
STREET ADDRESS	<i>226 Country Club Drive</i>	
CITY-ST-ZIP	<i>Melbourne, FL 32940</i>	
TITLE	<i>UD</i>	<input type="checkbox"/> DELETE
NAME	<i>Lawrence Bois</i>	
STREET ADDRESS	<i>210 Country Club Drive</i>	
CITY-ST-ZIP	<i>Melbourne, FL 32940</i>	
TITLE	<i>TD</i>	<input type="checkbox"/> DELETE
NAME	<i>Ernest Baldini</i>	
STREET ADDRESS	<i>245 Country Club Drive</i>	
CITY-ST-ZIP	<i>Melbourne, FL 32940</i>	
TITLE	<i>SD</i>	<input type="checkbox"/> DELETE
NAME	<i>Charlene Powell</i>	
STREET ADDRESS	<i>225 Country Club Drive</i>	
CITY-ST-ZIP	<i>Melbourne, FL 32940</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)