

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90094 032 \*\*\*\*61.25

**DOCUMENT # N43229**

1. Entity Name  
**FIELDSTONE AT SUNTREE, INC.**



Principal Place of Business  
**C/O FIELDSTONE AT SUNTREE, INC  
PO BOX 411056  
MELBOURNE FL 32941  
US**

Mailing Address  
**C/O FIELDSTONE AT SUNTREE, INC  
PO BOX 411056  
MELBOURNE FL 32941  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3066187**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

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

**KOROTHY, JOHN  
955 SOMERSAT LN  
MELBOURNE FL 32941**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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>DT</b>                 | <input type="checkbox"/> Delete            |
| NAME           | <b>JOHNSON, JIMMIE</b>    |  |
| STREET ADDRESS | <b>1025 FIELDSTONE DR</b> |  |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32941</b> |  |
| TITLE          | <b>DV</b>                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>FORMAZ, MARY</b>       |  |
| STREET ADDRESS | <b>54 SUMMERSET LN</b>    |  |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32941</b> |  |
| TITLE          | <b>DP</b>                 | <input type="checkbox"/> Delete            |
| NAME           | <b>KOROTHY, JOHN</b>      |  |
| STREET ADDRESS | <b>955 SOMERSET LN</b>    |  |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32941</b> |  |
| TITLE          | <b>D</b>                  | <input type="checkbox"/> Delete            |
| NAME           | <b>MCCANN, DICK</b>       |  |
| STREET ADDRESS | <b>967 SOMERSET LN</b>    |  |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32941</b> |  |
| TITLE          | <b>DS</b>                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>PEARLMAN, BILL</b>     |  |
| STREET ADDRESS | <b>1006 FIELDSTONE DR</b> |  |
| CITY-ST-ZIP    | <b>MELBOURNE FL 32941</b> |  |
| 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 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: *Jimmie C. Johnson* **30-MAR-03** (321) **242-9247**

CR2E037 (10/02)