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Jun 05 1997 8:00am  
Secretary of State

Non-PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000003206  
1. Corporation Name  
Suntree Forest Homeowners Assoc.  
Inc.

Principal Place of Business: Villas at Suntree  
Mailing Address: 6939 N. Wickham Rd.  
Melbourne, FL 32940

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3445963	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent Richard A. Johnson 389 Oak Haven Ave. Melbourne, FL 32940		10. Name and Address of New Registered Agent 81 Name: Ann Sabelli 82 Street Address (P.O. Box Number is Not Acceptable): 6939 N. Wickham Rd. 83 84 City: Melbourne FL 85 Zip Code: 32940	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0505, Florida Statutes.

SIGNATURE: *Ann Sabelli* Ann Sabelli 4/23/1997  
Signature typed or printed name of registered agent or officer if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: Vice-President /TD NAME: Richard A. Johnson STREET ADDRESS: 389 Oak Haven Dr. CITY-ST-ZIP: Melbourne, FL 32940	<input type="checkbox"/> DELETE	1.1 TITLE: President /TD 1.2 NAME: Richard A. Johnson 1.3 STREET ADDRESS: 389 Oak Haven Dr. 1.4 CITY-ST-ZIP: Melbourne, FL 32940	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Vice-President /TD NAME: Joshua Johnson STREET ADDRESS: 50 Sportsman Cr. CITY-ST-ZIP: Rotunda, FL 33947	<input type="checkbox"/> DELETE	2.1 TITLE: 5/TD 2.2 NAME: Joshua C Johnson 2.3 STREET ADDRESS: 50 Sportsman Cr. 2.4 CITY-ST-ZIP: Rotonda, FL 33947	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Hubert C. Normile, Jr. NAME: Hubert C. Normile, Jr. STREET ADDRESS: 1499 S. Harbor City Blvd. CITY-ST-ZIP: Melbourne, FL 32935	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: Irwin Gars VP/D 3.2 NAME: Irwin Gars 3.3 STREET ADDRESS: 2665 S. Bayshore Dr. 3.4 CITY-ST-ZIP: Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 700002209677 -06/12/97--01002--036 5.4 CITY-ST-ZIP: ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Richard A. Johnson* Richard A. Johnson 5-6-97 407-242-2385  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)