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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000003206 (6)
1. Corporation Name

SUNTREE FOREST HOMES HOMEOWNERS ASSOCIATION, INC



Principal Place of Business: SUNTREE FOREST AT SUNTREE, 6939 N WICKHAM ROAD, MELBOURNE FL 32940
Mailing Address: SUNTREE FOREST AT SUNTREE, 6939 N WICKHAM ROAD, MELBOURNE FL 32940

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

59-3445963

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SABELLI, ANN
6939 N. WICKHAM RD
MELBOURNE FL 32940

81 Name FRANCIS M. STEWART

82 Street Address (P.O. Box Number is Not Acceptable)
6939 N. WICKHAM ROAD

83

84 City MELBOURNE

85 FL Zip Code 32940

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

Francis M. Stewart
Signature, typed or printed name of registered agent and title if applicable.

FRANCIS M. STEWART

407-259-2931

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME JOHNSON, RICHARD A
STREET ADDRESS 289 OAK HAVEN DR
CITY-ST-ZIP MELBOURNE FL 32940

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD DELETE
NAME JOHNSON, JOSHUA C
STREET ADDRESS 50 SPORTSMAN CR
CITY-ST-ZIP ROTONDA FL 33947

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME GARS, IRWIN
STREET ADDRESS 2665 S. BAYSHORE DR
CITY-ST-ZIP COCONUT GROVE FL 33133

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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.

SIGNATURE:

Richard A. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Johnson

407-259-2931

Date

Daytime Phone # 0019693

CR2E037 (10/97)