## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9700003206 Mar 17, 2000 8:00 am 1. Entity Name **Secretary of State** SUNTREE FOREST HOMES HOMEOWNERS ASSOCIATION, INC 03-17-2000 90022 050 \*\*\*\*61.25 Mailing Address Principal Place of Business SUNTREE FOREST AT SUNRISE SUNTREE FORST AT SUNTREE 6939 N WICH-KHAM RD 6939 N WICKHAM RD MELBOURNE FL 32940-7519 MELBOURNE FL 32940 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3445963 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STEWART, FRANCIS M 6939 N WICKHAM RD MELBOURNE FL 32940 Zip Code City Fi 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ■ Addition Change ☐ Delete TITLE TITLE JOHNSON, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 289 OAK HAVEN DR CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32940** ☐ Change Addition ☐ Defete TITLE TITLE JOHNSON, JOSHUA C NAME NAME STREET ADDRESS STREET ADDRESS 50 SPORTSMAN CR CITY-ST-7IP CITY-ST-ZIP ROTONDA FL 33947 ☐ Change ☐ Addition **VPD** ☐ Delete TITLE TITLE GARS, IRWIN NAME NAME STREET ADDRESS 2665 S. BAYSHORE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 truetee 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 express, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: \_\_

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date