

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90047 035 \*\*\*\*61.25

**DOCUMENT # N97000003206**

1. Entity Name

**SUNTREE FOREST HOMES HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

SUNTREE FORST AT SUNTREE  
6939 N WICKHAM RD  
MELBOURNE FL 32940  
US

SUNTREE FOREST AT SUNRISE  
6939 N WICH-KHAM RD  
MELBOURNE FL 32940  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3445963**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**STEWART, FRANCIS M**  
**6939 N WICKHAM RD**  
**MELBOURNE FL 32940**

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

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

(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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE VPD  Delete  
NAME GARS, IRWIN  
STREET ADDRESS 2865 S. BAYSHORE DR  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PRES  Change  Addition  
NAME DONALD L. HAXBY, PRES.  
STREET ADDRESS 575 BRIMWOOD WAY  
CITY-ST-ZIP MELBOURNE, FL. 32940

TITLE VP  Change  Addition  
NAME ROBERT WITTING, V. PRES.  
STREET ADDRESS 867 VILLA DR.  
CITY-ST-ZIP MELBOURNE, FL. 32940

TITLE SEC. TREAS.  Change  Addition  
NAME LISA OAS  
STREET ADDRESS 860 VILLA DR.  
CITY-ST-ZIP MELBOURNE, FL. 32940

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: *Donald L. Haxby* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01 321-253-8117  
Date Daytime Phone #

*Donald L. Haxby*

CR2E037 (10/00)