


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000003206 1. Entity Name SUNTREE FOREST HOMES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business SUNTREE FORST AT SUNTREE 6939 N WICKHAM RD MELBOURNE FL 32940	Mailing Address SUNTREE FORST AT SUNTREE 6939 N WICKHAM RD MELBOURNE FL 32940
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3445963	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STEWART, FRANCIS M CPA 6939 N WICKHAM RD. MELBOURNE FL 32940	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete HAXBY, DONALD L STREET ADDRESS 575 BRIMWOOD WAY CITY- ST- ZIP MELBOURNE FL 32940
TITLE	VPD <input type="checkbox"/> Delete WITTIG, ROBERT STREET ADDRESS 867 VILLA DR CITY- ST- ZIP MELBOURNE FL 32940
TITLE	STD <input type="checkbox"/> Delete THOMPSON, JEFFREY STREET ADDRESS 959 VILLA DR CITY- ST- ZIP MELBOURNE FL 32940
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000646195 03/06/07-80020-014 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 DONALD L. HAXBY 2/9/07 321-253-8117