

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# N97000003206

Entity Name: SUNTREE FOREST HOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3445963      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEWART, FRANCIS M CPA  
6939 N WICKHAM RD.  
MELBOURNE, FL 32940    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAXBY, DONALD L  
Address: 575 BRIMWOOD WAY  
City-St-Zip: MELBOURNE, FL 32940

Title: VPD ( ) Delete  
Name: WITTIG, ROBERT  
Address: 867 VILLA DR  
City-St-Zip: MELBOURNE, FL 32940

Title: STD ( ) Delete  
Name: THOMPSON, JEFFREY  
Address: 959 VILLA DR  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WITTIG, ROBERT C  
Address: 867 VILLA DR  
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD L. HAXBY

PD

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date