

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000006306

1. Entity Name

THE OAKS OF SUNTREE CONDOMINIUM ASSOCIATION, INC

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90209 040 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
 3420 N. HARBOR CITY BLVD.      3420 N. HARBOR CITY BLVD.  
 MELBOURNE FL 32935      MELBOURNE FL 32935-5743  
*3410 N. HARBOR CITY BLVD      3410 N. HARBOR CITY BLVD*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 MELBOURNE      MELBOURNE  
 City & State      City & State  
 FL      FL  
 Zip      Country      Zip      Country  
 32935      BREVARD      32935      BREVARD

4. FEI Number      Applied For  
 26-3374195      APPLIED FOR  
 Not Applicable  
 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  
 PETRONI, MARK      3410 N. HARBOR CITY BLVD  
 3420 N. HARBOR CITY BLVD.  
 MELBOURNE FL 32935      City MELBOURNE FL Zip Code 32935

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 *MARK PETRONI AS Pres*      (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 NAME STREET ADDRESS CITY-ST-ZIP	PTD PETRONI, MARK 3420 N. HARBOR CITY BLVD. MELBOURNE FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3410 N. HARBOR CITY BLVD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PETRONI, IVETTE E 3420 N. HARBOR CITY BLVD. MELBOURNE FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3410 N. HARBOR CITY BLVD.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHERTY, STEVE 4630 W. LOWELL AVE. TAMPA FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MARK PETRONI AS Pres*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      MARK PETRONI      Date 1-12-00      Daytime Phone #

CR2F037 (9/99)