

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006306

1. Entity Name

THE OAKS OF SUNTREE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

7430 SPYGLASS HILL RD  
MELBOURNE FL 32940

Mailing Address

P.O. BOX 410339  
MELBOURN FL 32941-0339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~26-0974195~~ 59-353-7911

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

KNICK, BARBARA G  
7430 SPYGLASS HILL RD  
MELBOURNE FL 32940

Name

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

City

FL

Zip Code

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
KNICK, BARBARA  
7430 SPYGLASS HILL RD  
MELBOURNE FL 32940 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
PFEIFFER, WILLIAM A  
7402 SPYGLASS HILL RD  
MELBOURNE FL 32940 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
VAUDO, ANTHONY  
7442 SPYGLASS HILL RD  
MELBOURNE FL 32940 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JEAN FELDMAN (D.) ☐ Change ☒ Addition  
7414 SPYGLASS HILL RD.  
MELBOURNE, FL. 32940

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*Barbara G Knick* AS PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA G KNICK

Date 2/26/02 Daytime Phone #

FILED  
Mar 13, 2002 8:00 am  
Secretary of State

03-13-2002 90126 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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