2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

ANNUAL REPORT

1. Entity Name THE OAKS OF SUNTREE CONDOMINIUM ASSOCIATION, INC.							03-10-2008 9	0052 024	1 ****61.	25
7430 SPYGLASS HILL RD			Address BOX 410339 OURN, FL 3294	-0339	:	:				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01162008	Chg-NP	CR2E03	37 (12/06)	
City & State		City & State				4. FEI Numbe 59-3557			_ 	pplied For
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·	Cou	untry	5. Certificate	of Status Desired		\$8.75 Add	litional
	6. Name and Address of Current	Registere	ered Agent Name			7Name and	Address of New R			
SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC COURT #104					Street Address (P.O. Box Number is Not Acceptable)					
WELBOOK	RNE, FL 32940								_	
			_		City			FL	Zip Code	a
8. The above the obligat	named entity submits this statement to ions of registered agent.	or the purpo	ose of changing its	register	ed office or register	red agent, or both	n, in the State of Flo	orida. I am I	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title d appl	icable. (NOTE	: Registere	d Agent signatura required	d when reinstating)		DATE		
Filing Fee is \$61.25 9. Election Campaign F Due by May 1, 2008 Trust Fund Contributi					· -	\$5.00 May Be			payable to	
10.	OFFICERS AND DI	RECTORS		11.	, , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHA	NGES TO OFFICE	RS AND DIF	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEMM, GERALD 3422 SPYGLASS HILL RD MELBOURNE, FL 32940		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PFEIFFER, WILLIAM A 7402 SPYGLASS HILL RD MELBOURNE, FL 32940		☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAUDO, REGINA 7408 SPYGLASS HILL RD MELBOURNE, FL 32940		☐ Delete						Change	☐ Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		!				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete						Change	Addition
molcated	vertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address. URE:	s true and a	eccurate and that m	ıv sıdnaı	ure shay have the s	same legal ettect	as it made under d	hath: that I a	m an officer.	or director 1