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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002824 (9)**

1. Corporation Name

SUNTREE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
7205 Waelti Drive Melbourne FL 32940	7205 Waelti Drive Melbourne FL 32940

2. Principal Place of Business	2a. Mailing Address
21 The Shrieves, Inc.	26 The Shrieves, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 6939 N. WICKHAM RD	27 6939 N. WICKHAM RD
City & State	City & State
23 MELBOURNE, FL	28 MELBOURNE, FL
Zip	Zip
24 32940	29 32940
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	
06/13/1995	
4. FEI Number	Applied For
59-3347657	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WINTERFELDT, STEVE 7205 Waelti Drive Melbourne FL 32940	81 Name GARY B. FRESE 82 Street Address (P.O. Box Number is Not Acceptable) FRESE NASH & TORRY P.A. 83 930 S. HARBOR CITY BLVD, SUITE 505 84 City MELBOURNE FL 85 Zip Code 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am accepting and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [Signature] DATE 4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WINTERFELDT, STEVE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINTERFELDT, STEVE	1.2 NAME	H. J. VANDERVEEN
STREET ADDRESS	7205 Waelti Drive	1.3 STREET ADDRESS	791 GLENGARRY DRIVE
CITY-ST-ZIP	MELBOURNE FL 32940	1.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	STD GULLEDGE, LARRY	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GULLEDGE, LARRY	2.2 NAME	J. P. McMENAMY
STREET ADDRESS	7205 Waelti Drive	2.3 STREET ADDRESS	950 Stratford Place
CITY-ST-ZIP	MELBOURNE FL 32940	2.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	D NORMIE, HUBERT C JR.	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMIE, HUBERT C JR.	3.2 NAME	Catherine O'Brien
STREET ADDRESS	1499 S. HARBOR CITY BLVD.	3.3 STREET ADDRESS	1041 Stratford Place
CITY-ST-ZIP	MELBOURNE FL 32901	3.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RON KLEIN
STREET ADDRESS		4.3 STREET ADDRESS	917 VERSAILLES COURT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	LIDIA LYNCH
STREET ADDRESS		5.3 STREET ADDRESS	2345 HIGH RIDGE ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **R. F. KLEIN TREASURER** 4/28/98 727-6300 (407)

CR2E037 (10/97)