## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTM \* Sandra B. M

SUNTOO2\* 329402019 1095 01/17/96 NOTIFY SENDER OF NEW ADDRESS :SUNTREE MASTER HMOWNERS ASSN 7550 SPYGLASS HILL RD

|  |  | l report<br><b>996</b> |  | Secretary c DIVISION OF COF  | Ń                   | 1ĔĽBC  | วบหีเ        | NE FL 3                     | 2940-7901                               |                            |                              |                                |
|--|--|------------------------|--|--|---------------------|--|--------------|-----------------------------|---|----------------------------|------------------------------|--------------------------------|
| P  | OCUM<br>Corporation N                              | ENT#                   | 733349   | (5)  | $\mathcal{J}_{n}$   | Haabill  | باللي        | dullladad                   | laladhaaadhl                            | dilliall                   | 1                            |                                |
|  |  |                        | HOMEOWNERS                                       | ASSOCIATION, INC   | المراج المراج       |  |              |                             |   |                            |                              |                                |
| Principal Place of Business  TWO SUNTREE PLACE MELBOURNE Ft. 32940 |  |                        |  | TWO SUNTREE PLACE MELBOURNE FL 32940                                 | SUNTREE PLACE       |  |              |                             |   |                            |                              |                                |
|  |  |                        |  |  |                     |  |              | 07/22                       | rated or Qualified<br>/1975             |                            | of Last Re<br>04/07/19       | •                              |
| <u> </u>   | Principal Plac                                     | e of Business          | **!11 nd   | 2a Mailing Address 26 7550 Spyglass Hill Rd                          |                     |  | Ì            | 4. FEI Number 50-21         | 76316                                   |                            |                              | t Applicable                   |
| 21   |  | pyglass                | HIII KO  | Suite, Apt. #, etc.  |                     |  |              |                             |   |                            | \$8.75                       |                                |
|  | Suite, Apt. #,                                     | etc.                   |  | 27   |                     |  | ļ            | 5. Certificate of           | Status Desired                          |                            | Fee Re                       |                                |
| 22   | City & State Melbou                                |                        |  |  |                     | 40   |              | Trust Fund C                |   | S5.00 May Be Added to Fees |                              |                                |
|  | Zip  |                        | Country  | Zip  | Zip Country         |  |              |                             | tion has liability for in               | ntangible tax              | cunder s. 1<br>No            | 99.032,                        |
| 24   |  | 25                     | Add-s- of Comment                                | 29 30  |                     |  |              | Florida Statu               | Address of New Ro                       |                            |                              |                                |
| Name and Address of Current Registered Agent                       |  |                        |  |  |                     | Name   |              |                             |   | <del>-</del>               |                              |                                |
| POTTER, WILLIAM C E  |  |                        |  |  |                     | 81 Name  82 Street Address (P.O. Box Number is Not Acceptable) |              |                             |   |                            |                              |                                |
|  |  |                        |  |  |                     | Street   | Aparea       | SS (P.O. DOX NUM            | DOLIS MOT MODERNO                       | <i>C)</i>                  |                              |                                |
| 700 SO BABCOCK ST  |  |                        |  |  |                     | · <del>-</del> ·   |              |                             |   |                            |                              |                                |
| STE 400<br>MELBOURNE FL 32901                                      |  |                        |  |  |                     | City   |              |                             |   |                            | <b>85</b> Zip                | Code                           |
|  |  |                        |  |  | 84                  | · 1  |              |                             |   | <u>FL</u>                  | 1                            |                                |
| 1  | 1. Pursuant to                                     | the provisions         | of Sections 617.0502 a                           | and 617.1508, Florida Statutes, t<br>a. Such change was authorized t | he above-           | named co   | rporat       | ion submits this s          | tatement for the pur                    | pose of cha<br>pintment as | nging its re<br>registered a | gistered office<br>agent. I am |
| ļ  |  |                        |  | n 617.0503, Florida Statutes.  | by trie corp        | CIATIONS   | Doard        | of directors. The           | (L) |                            | J                            | _                              |
| s  | ICNATURE   |                        |  |  | 5 5 1 <b></b> 5 5 5 |  |              | vhen reinstating)           |   | .— · DATE                  |                              |                                |
|  | 9  | lignature, typed or pr | nted name of registered agent at<br>OFFICERS AND |  | 13.                 | n; signature re  | enjures v    | ADDITIONS                   | CHANGES TO OFF                          |                            | DIRECTOR                     | RS IN 12                       |
| $\vdash$   | 2.<br>1LE  | DS                     | OFFICENS AND                                     | DELETE   | 1.1 THILE           |  | DS           |                             |   |                            | Change                       | Addition                       |
| 1  | l l  | F <del>reter, f</del>  | DALII J  | <b></b>  | 1.2 NAME            | +  | 1            | evenson,                    | Bruce E.                                |                            |                              |                                |
| 1  | AME<br>TOLLET ADDDESSE                             |                        | RESS TRACE DR                                    |  | 1.3 STREE           | T ADDRESS  |              | 8 Spring                    |   |                            |                              |                                |
| 1  | TREET ADDRESS 1133 CYTTILES TRACE UN  MELBOURNE FL |                        |  |  | 1.4 CITY -          |  |              | lbourne,                    |   |                            |                              |                                |
| $\vdash$   | ITLE   | D                      | 1 Th. 1 L  | DELETE   | 2 1 111LE           |  |              | P                           | 027.0                                   | Ţ                          | Change                       | Addition                       |
| 1  | AME  | _                      | , JOHN C.  |  | 2 2 NAME            |  | "            | •                           |   |                            |                              |                                |
|  | TREE1 ADDRESS                                      |                        | RESS TRACE DR                                    |  | 23 STREE            | T ADDRESS  | ļ            |                             |   |                            |                              |                                |
| - 1  | HTY-ST-ZIP   | MELBOUR                |  |  | 2. 4 CITY           | - S1 - ZIP   | ļ            |                             |   |                            | Chongs                       | C) Addition                    |
| <del>-</del>   | ITLE   | D                      |  | DELETE   | 3.1 TITLE           |  |              |                             |   |                            | Change                       | Addition                       |
| N  | IAME   | BARTOLO                | TTA, THEODORE                                    |  | 3.2 NAME            |  |              |                             |   |                            |                              |                                |
| s  | TREET ADDRESS                                      | 1036 SPA               | nish wells dr                                    |  |                     | ET ADDRESS   |              |                             |   |                            |                              |                                |
| C  | CITY - ST - ZIP                                    | MELBOUF                | NE FL  | Porter   | 3.4. CITY           |  | <del> </del> |                             |   |                            | Change                       | Addition                       |
| 1  | ITLE   | DP                     | m.) his a 146                                    | <b>₩</b> DELETE  | 4.1 TITLE           |  | DV.          |                             | .1.                                     |                            |                              |                                |
| - 1  | NAME   | SWATEK,                |  |  | 4. 2 NAM            | t<br>et address  |              | arles A. Bi                 |   |                            |                              |                                |
|  | STREET ADDRESS                                     |                        | NG-LAKE DR                                       |  |                     | ST-ZIP   |              | 09 Cypress !                |   |                            |                              |                                |
|  | CITY-SI-ZIP  |                        | RNE, FL 00000                                    | DELETE   | 5 1 TITLE           |  | 1            | lboume, 11                  | 3K3K1                                   |                            | Change                       | Addition                       |
| 1  | ITLE   | DV                     | - DOW  | Misserie   | 5.2 NAME            |  | D            | H= 10√1 5 ~~~               |   |                            |                              |                                |
|  | NAME   | HANSEN,                | DSIDE DRIVE                                      |  |                     | ET ADDRESS   |              | ttyRglinten<br>7 Rossmoor ( |   |                            |                              |                                |
|  | STREET ADDRESS                                     |                        |  |  | 5.4 CITY            |  |              | lboume, H                   |   |                            |                              |                                |
| $\perp$  | CITY-ST-ZIP MELBOURNE, FL 00000                    |                        |  | CODELETE   | 61 1111 F           |  | 1 1 1 1 1    | <del>worders of the</del>   | 32770                                   |                            | Change                       | Addition                       |

CITY-ST-ZIP

MELBOURNE FL

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 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 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 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 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 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under the certify that the information indicated on this annual report is true an

61 TITLE

6 2 NAME

6.3 STREET ADDRESS

SIGNATURE:

HELLER, GWEN

359 CYPRESS POINTE DR

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF CIPE OF DIRECTOR

DELETE

Daytme Prione #

Date

CR2E037 (12/95)



## MASTER HOMEOWNERS ASSOCIATION, INC.

7550 SPYGLASS HILL RD. MELBOURNE, FLORIDA 32940 407 242-8960

## Continued

Suntree Master Homeowners Association, Inc, Officers and Directors

- 7. D
  Jeannine Moss
  665 Spring Lake Dr
  Melbourne, Fl 32940
- 8. D
   James G. Baker
  749 Oak Park Dr
   Melbourne, Fl 32940
- 9. D Louis Dixon 1391 Cypress Trace Dr Melbourne, Fl 32940
- 10. T
  Beverly A. Gallup
  7550 Spyglass Hill Rd
  Melbourne, fl 32940