FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 29, 2001 8:00 am **DOCUMENT # 733349 Secretary of State** 1. Entity Name 03-29-2001 90024 038 \*\*\*\*61.25 SUNTREE MASTER HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 7550 SPYGLASS HILL ROAD 7550 SPYGLASS HILL ROAD MELBOURNE FL 32940 MELBOURNE FL 32940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2176316 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) POTTER, WILLIAM C E 1499 S HARBOR CITY BLVD STE 201 Zip Code City **MELBOURNE FL 32901** FL 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VICE PRESIDENT TITLE Change Addition TITI F ☐ Delete MCGEARY, STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 1136 GRANADA CT CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32940** TITLE ☐ Delete TIT! F Change Addition Addition RHODES, BARRY NAME Riehl William 1398 CYPIESS TRACE DR. STREET ADDRESS 759 PINE ISLAND DR STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32940** CITY-ST-ZIP Meiboukne. TITLE Change Addition · Delete BARBARA G. KNICK SCHWARTZ, THOMAS NAME NAME 7430 SP1G1453 Hill STREET ADDRESS 1265 PALM GARDEN PL STREET ADDRESS 32940 Mei bourne. CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940 □ Change TITI F Delete TITLE Addition HAMILTON, NELSON NAME NAME James Bennett STREET ADDRESS 880 INVERNESS AVE STREET ADDRESS DR. 517 Deerfield Melbourne, Fl CITY-ST-ZIP MELBOURNE FL 32940 CITY-ST-ZIP 32940 TITLE ☐ Delete TITLE Secretary **Change** [ ] Addition CORNELL, KENNETH NAME NAME 673 ASHBURY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP DS 💢 Delete TITLE □ Change Addition OYER, JUDY IRMA TIRRO NAME NAME 508 CRYSTAL LAKE DE STREET ADDRESS 1374 CYPRESS TRACE DR STREET ADDRESS CITY-ST-7IP MELBOURNE FL 32940 CITY-ST-ZIP Melbourne, fl 32940

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.