2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-01-2002 91590 021 ****61.25

DOCUMENT # 733349

1. Entity Name

SUNTREE MASTER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7550 SPYGLASS HILL ROAD MELBOURNE FL 32940 US	7550 SPYGLASS HILL ROAD MELBOURNE FL 32940 US

87280

DO NOT WRITE IN THIS SPACE

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 59-2176316 ☐ 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
POTTER, WILLIAM C 1499 S HARBOR CITY BLVD STE 201 MELBOURNE FL 32901	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 _____ 4/16/02
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

TITLE	VP - Vice President (incoming President)	☐ Delete
NAME	MCGEARY, STEPHEN	
STREET ADDRESS	1136 GRANADA CT	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D - Director	☒ Delete
NAME	RHODES, BARRY	
STREET ADDRESS	759 PINE ISLAND DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	DP - President (departing)	☒ Delete
NAME	SCHWARTZ, THOMAS	
STREET ADDRESS	1265 PALM GARDEN PL	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D - Director	☒ Delete
NAME	HAMILTON, NELSON	
STREET ADDRESS	880 INVERNESS AVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D - Secretary	☐ Delete
NAME	CORNELL, KENNETH	
STREET ADDRESS	673 ASHBURY AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D - Director	☐ Delete
NAME	TIRRO, IRMA	
STREET ADDRESS	508 CRYSTAL LAKE DR	
CITY-ST-ZIP	MELBOURNE FL 32940	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D - Director (incoming Vice President)	☐ Change ☒ Addition
NAME	JIM BENNETT	
STREET ADDRESS	517 DEERFIELD DR	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	BILL RIEHL - Director	☐ Change ☒ Addition
NAME		
STREET ADDRESS	1398 CYPRESS TRACE DR	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D - Director	☐ Change ☒ Addition
NAME	BARBARA KNICK	
STREET ADDRESS	7430 SPIGLASS HILL RD.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D - Director	☐ Change ☒ Addition
NAME	GUY HOAGLAND	
STREET ADDRESS	1021 STRATFORD PL	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D - Director	☐ Change ☒ Addition
NAME	ED LOPEZ	
STREET ADDRESS	373 CYPRESS TRACE DR	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D - Director	☐ Change ☒ Addition
NAME	FORREST MILES	
STREET ADDRESS	425 CARMEL DR	
CITY-ST-ZIP	MELBOURNE, FL 32940	

CR2E037 (9/01)

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: SIGNATURE REQUIRED 4/15/02 (321)242-8960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #