## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 733349** 

FILED Jan 26, 2005 Secretary of State

Entity Name: SUNTREE MASTER HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 7550 SPYGLASS HILL ROAD MELBOURNE, FL 32940 **Current Mailing Address: New Mailing Address:** 7550 SPYGLASS HILL ROAD MELBOURNE, FL 32940 US FEI Number: 59-2176316 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DYER, DAVID W ESQ. 325 FIFTH AVENUE SUITE 205 INDIALANTIC, FL 32903 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition COLLINS, ROBERT RUDOLPH, DON Name: Name: 907 FOSTORIA DRIVE Address: 800 INVERNESS AV Address: MELBOURNE, FL 32940 City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition CORNELL, KEN Name: Name: Address: 673 ASHBURY DRIVE Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: Title: () Delete Title: () Change () Addition MAHON, JOHN Name: Name: Address: 2976 SEBASTAIN LANE Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GARDINER, ED Name: 1216 BONAVENTURE DRIVE Address: Address: MELBOURNE, FL 32940 City-St-Zip: City-St-Zip: Title: VPD ( ) Delete Title: PD (X) Change ( ) Addition LOPEZ, ED LOPEZ, ED Name: Name: 373 CYPRESS TRACE DRIVE 373 CYPRESS TRACE DRIVE Address: Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: MELBOURNE, FL 32940 Title: () Delete Title: () Change () Addition MILES. FORREST Name: Name: Address: 425 CARMEL DRIVE Address: MELBOURNE, FL 32940 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MAHON T 01/26/2005