

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733349

FILED
Jan 27, 2006
Secretary of State

Entity Name: SUNTREE MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7550 SPYGLASS HILL ROAD
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

7550 SPYGLASS HILL ROAD
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-2176316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYER, DAVID W ESQ.
325 FIFTH AVENUE
SUITE 205
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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:

Title: VPD () Delete
Name: RUDOLPH, DON
Address: 800 INVERNESS AV
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: CORNELL, KEN
Address: 673 ASHBURY DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: T () Delete
Name: MAHON, JOHN
Address: 2976 SEBASTAIN LANE
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Delete
Name: GARDINER, ED
Address: 1216 BONAVENTURE DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: PD () Delete
Name: LOPEZ, ED
Address: 373 CYPRESS TRACE DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Delete
Name: MILES, FORREST
Address: 425 CARMEL DRIVE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: PARSONS, JIM
Address: 905 FOSTORIA DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: MAHON, JOHN
Address: 2976 SEBASTAIN LANE
City-St-Zip: MELBOURNE, FL 32935

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

TR

01/27/2006

Electronic Signature of Signing Officer or Director

Date