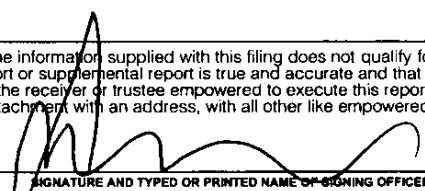


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90002 019 ****61.25

DOCUMENT # 733349 1. Entity Name SUNTREE MASTER HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7550 SPYGLASS HILL ROAD MELBOURNE, FL 32940 US			Mailing Address 7550 SPYGLASS HILL ROAD MELBOURNE, FL 32940 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2176316	
Zip		Country		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	
DYER, DAVID W ESQ. 325 FIFTH AVENUE SUITE 205 INDIALANTIC, FL 32903				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	PARSONS, JIM		NAME		
STREET ADDRESS	905 FOSTORIA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	CORNELL, KEN		NAME	FORREST MILES	
STREET ADDRESS	673 ASHBURY DRIVE		STREET ADDRESS	425 CARMEL DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	TR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MAHON, JOHN		NAME		
STREET ADDRESS	2976 SEBASTAIN LANE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	PD	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	LOPEZ, ED		NAME	JOHN KOROTHY	
STREET ADDRESS	373 CYPRESS TRACE DRIVE		STREET ADDRESS	955 SOMERSET LANE	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			6/21/07 321-242-8960		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		