2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 733349

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:

DYER, DAVID W ESQ.
1790 HIGHWAY A1A
SUITE 205
SATELLITE BCH., FL 32937 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: _____ 03/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PARSONS, JIM
Address: 905 FOSTORIA DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: VPD ( ) Delete
Name: FORREST, MILES
Address: 425 CARMEL DR
City-St-Zip: MELBOURNE, FL 32940

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

Title: SD ( ) Delete
Name: KILLIAN, JACOB
Address: 959 CARRIAGE HILL ROAD
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: CINDY L ENGEBRETSON SD 03/24/2009
Electronic Signature of Signing Officer or Director — Date