

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2008
Secretary of State**

DOCUMENT# 759041

Entity Name: THE SPRINGS OF SUNTREE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8300 HOLIDAY SPRINGS RD.
MELBORNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

8300 HOLIDAY SPRINGS RD.
MELBORNE, FL 32940

New Mailing Address:

FEI Number: 59-2416978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPACE COAST PROPERTY MANAGEMENT
645 CLASSIC CT
MELBOURNE, FL 32940 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: S () Delete
Name: WALTMAN, ELIZABETH
Address: 1080 ROCK SPRINGS DR
City-St-Zip: MELBOURNE, FL 32940

Title: P () Delete
Name: SACCO, PETER
Address: 1114 JAY PLACE
City-St-Zip: MELBOURNE, FL 32940

Title: V () Delete
Name: BUSCH, DIANE
Address: 1521 WEIKVA DR
City-St-Zip: MELBOURNE, FL 32940

Title: T () Delete
Name: SARGEANT, JAMES
Address: 1440 HILL AVE.
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: CODOMO, SHIRLEY
Address: 1343 HILL AVE.
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: SPINLER, KAREN
Address: 1549 BRONCO DR.
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: D (X) Change () Addition
Name: SARGEANT, JAMES
Address: 1440 HILL AVE.
City-St-Zip: MELBOURNE, FL 32940

Title: T (X) Change () Addition
Name: DANDREA, ALBERT
Address: 1404 HILL AVE.
City-St-Zip: MELBOURNE, FL 32940

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: PETER SACCO

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date