


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03930 (7)			
1. Corporation Name THE COURTYARDS OF SUNTREEE, INC.			
Principal Place of Business 715 GREEN VALLEY LN. #2 MELBOURNE FL 32940		Mailing Address 715 GREEN VALLEY LN. #2 MELBOURNE FL 32940-1754	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/27/1984		3a. Date of Last Report 04/01/1996	
4. FEI Number 59-2595349		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SABELLI, ANN 6939 N. WICKHAM ROAD MELBOURNE FL 32940		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	WHITEHEAD, EMMETT		
STREET ADDRESS	746 SPRING VALLEY DR.		
CITY-ST-ZIP	MELBOURNE FL		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	O'CONNELL, WALTER		
STREET ADDRESS	740 PINE ISLAND DR.		
CITY-ST-ZIP	MELBOURNE FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	JONES, MARGARET S.		
STREET ADDRESS	793 PINE ISLAND DR.		
CITY-ST-ZIP	MELBOURNE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	LANE, CONNIE		
STREET ADDRESS	708 GREEN VALLEY LANE		
CITY-ST-ZIP	MELBOURNE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	CLAY, BILL		
STREET ADDRESS	747 SPRING VALLEY DR.		
CITY-ST-ZIP	MELBOURNE FL		
TITLE	DT	<input type="checkbox"/> DELETE	
NAME	HESLER, WILLIAM		
STREET ADDRESS	709 PINE ISLAND DRIVE		
CITY-ST-ZIP	MELBOURNE FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	HUBBS, AUDREY		
1.3 STREET ADDRESS	424 SPRING VALLEY DRIVE		
1.4 CITY-ST-ZIP	MELBOURNE, FL 32940		
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	CLARK, RAY		
2.3 STREET ADDRESS	720 PINE ISLAND DRIVE		
2.4 CITY-ST-ZIP	MELBOURNE, FL 32940		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	HAMRICK, SUSAN		
3.3 STREET ADDRESS	731 SPRING VALLEY DRIVE		
3.4 CITY-ST-ZIP	MELBOURNE, FL 32940		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	MILLER, BONNIE		
4.3 STREET ADDRESS	781 PINE ISLAND DR.		
4.4 CITY-ST-ZIP	MELBOURNE, FL 32940		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	STINSON, MAC		
5.3 STREET ADDRESS	710 SPRING VALLEY DRIVE		
5.4 CITY-ST-ZIP	MELBOURNE, FL 32940		
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	OGILVIE, BETTY		
6.3 STREET ADDRESS	719 SPRING VALLEY LANE		
6.4 CITY-ST-ZIP	MELBOURNE, FL 32940		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>B. J. Jones</i> REQUIRED 1-24-97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)

Date

Daytime Phone # 0019811