

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90035 006 \*\*\*\*61.25

**DOCUMENT # N03930**

1. Entity Name

THE COURTYARDS OF SUNTREEE, INC.



Principal Place of Business

715 GREEN VALLEY LN., #2  
MELBOURNE FL 32940

Mailing Address

6939 N WICKHAM ROAD  
MELBOURNE FL 32940

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2595349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SABELLI, ANN  
6939 N. WICKHAM ROAD  
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

FRANCIS M. STEWART, CPA

Street Address (P.O. Box Number is Not Acceptable)

6939 N. WICKHAM RD

City

MELBOURNE

FL

Zip Code

32940

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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE PD  
NAME GREENE, EVONNE  
STREET ADDRESS 742 PINE ISLAND  
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE VPD  
NAME OLLYIE, BETTY  
STREET ADDRESS 719 SPRING VALLEY DR  
CITY-ST-ZIP MELBOURNE FL 32940 ☒ Delete

TITLE D  
NAME JACOBS, CHARLOTTE  
STREET ADDRESS 729 SPRING VALLEY DR  
CITY-ST-ZIP MELBOURNE FL 32940 ☒ Delete

TITLE D  
NAME HAMRICK, RICHARD  
STREET ADDRESS 731 SPRING VALLEY DR.  
CITY-ST-ZIP MELBOURNE FL 32940 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD VPD  
NAME JEROME Haberman  
STREET ADDRESS 757 Spring Valley Dr  
CITY-ST-ZIP Melbourne FL 32940 ☐ Change ☒ Addition

TITLE Sect.  
NAME Leslie Kelly  
STREET ADDRESS 757 Green Valley Dr  
CITY-ST-ZIP Melbourne FL 32940 ☐ Change ☒ Addition

TITLE Treas. TD  
NAME Eleanor Ward  
STREET ADDRESS 701 Spring Valley Dr  
CITY-ST-ZIP Melbourne FL 32940 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 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:**

*Eleanor Ward Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04

Date

321-253-9338

Daytime Phone #