

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03930

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** THE COURTYARDS OF SUNTREEEE, INC.

**Current Principal Place of Business:**

715 GREEN VALLEY LN.,#2  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

6939 N WICKHAM ROAD  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 59-2595349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEWART, FRANCIS M PA  
6939 N. WICKHAM ROAD  
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: PD ( ) Delete  
Name: KOKERNAK, JUDITH A  
Address: 721 SPRING VALLEY DR  
City-St-Zip: MELBOURNE, FL 32940

Title: VPD ( ) Delete  
Name: STERNICK, PAUL  
Address: 732 PINE ISLAND DR  
City-St-Zip: MELBOURNE, FL 32940

Title: SD ( ) Delete  
Name: GALVIN, MARY ANN  
Address: 701 SPRING VALLEY  
City-St-Zip: MELBOURNE, FL 32940

Title: TD ( ) Delete  
Name: RICHARDS, TERI  
Address: 789 PINE ISLAND DR  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DISANTO, LAURIE  
Address: 737 GREEN VALLEY DR  
City-St-Zip: MELBOURNE, FL 32940

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

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

Title: TD (X) Change ( ) Addition  
Name: KING, GORDON  
Address: 738 PINE ISLAND DR  
City-St-Zip: MELBOURNE, FL 32940

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: LAURIE DISANTO

PD

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date