

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03930

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** THE COURTYARDS OF SUNTREEE, 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:**

3600 N WICKHAM RD  
105  
MELBOURNE, FL 32935

**FEI Number:** 59-2595349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOOKSMARTS TAX & ACCOUNTING SERVICE  
3600 N WICKHAM RD  
STE 105  
MELBOURNE, FL 32935 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  
Name: STERNICK, PAUL  
Address: 732 PINE ISLAND  
City-St-Zip: MELBOURNE, FL 32940

Title: VPD  
Name: CLAY, NANCY  
Address: 747 SPRING VALLEY  
City-St-Zip: MELBOURNE, FL 32940

Title: SD  
Name: ZIMMER, MARILYN  
Address: 708 SPRING VALLEY  
City-St-Zip: MELBOURNE, FL 32940

Title: TD  
Name: CLAY, NANCY  
Address: 738 PINE ISLAND DR  
City-St-Zip: MELBOURNE, FL 32940

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL STERNICK

PD

03/16/2011

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

\_\_\_\_\_  
Date