

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000146

FILED  
Mar 04, 2010  
Secretary of State

**Entity Name:** SUNTREE TURKEYTROT, INC.

**Current Principal Place of Business:**

635 WOODBROOK WAY  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

635 WOODBROOK WAY  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 30-0290657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAERST, ROBERT S  
635 WOODBROOK WAY  
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:** P  
**Name:** BAERST, ROBERT S  
**Address:** 635 WOODBROOK WAY  
**City-St-Zip:** MELBOURNE, FL 32940

**Title:** VP  
**Name:** BAERST, JESSICA T  
**Address:** 635 WOODBROOK WAY  
**City-St-Zip:** MELBOURNE, FL 32940

**Title:** D  
**Name:** RASMUSSEN, CHRISTINA E  
**Address:** 939 VOSLER LOOP  
**City-St-Zip:** SAN ANTONIO, TX 78227

**Title:** D  
**Name:** BAERST, ANDREW  
**Address:** 24552 PRISCILLA DR.  
**City-St-Zip:** DANA POINT, CA 92629

**Title:** D  
**Name:** RASMUSSEN, MAX A  
**Address:** 939 VOSLER LOOP  
**City-St-Zip:** SAN ANTONIO, TX 78227

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:** ROBERT S. BAERST

P

03/04/2010

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

\_\_\_\_\_  
Date