

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90041 036 \*\*\*\*61.25

**DOCUMENT # N17029**

1. Entity Name

**QUAIL POINT OF SUNTREE, INC.**

Principal Place of Business

**617 MIMOSA COURT  
 MELBOURNE FL 32940**

Mailing Address

**617 MIMOSA COURT  
 MELBOURNE FL 32940-1751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2766631**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, FRANCIS  
 6939 N WICKHAM RD  
 MELBOURNE FL 32940**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	PONTIUS, DON	810 WILLOW CREEK LANE	MELBOURNE FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	ELDEN, WALTER	611 MIMOSA CT	MELBOURNE FL 32940	<input type="checkbox"/>	<input type="checkbox"/>
VPD	FARRELL, CHARLES	618 MIMOSA CT	MELBOURNE FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	TUMIDAJASKI, JENNIE	824 WILLOW CREEK LANE	MELBOURNE FL 32940	<input type="checkbox"/>	<input type="checkbox"/>
SD	BRUBAKER, ROGER	821 WILLOW CREEK LANE	MELBOURNE FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GRIMES, SUE	814 WILLOW CREEK LANE	MELBOURNE FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	<del>ROBERT</del> MORTIMER, ROBERT	803 WILLOW CREEK LANE	MELBOURNE, FL 32940	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	ELDEN, WALTER	611 MIMOSA CT	MELBOURNE, FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	ROPER, GEORGE	830 WILLOW CREEK LANE	MELBOURNE, FL 32940	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	TUMIDAJASKI, SENNE	824 WILLOW CREEK LN.	MELBOURNE, FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	EADENBAH, RUTH	615 MIMOSA CT	MELBOURNE, FL 32940	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 persons empowered.

SIGNATURE:

*Walter L. Elden* WALTER L. ELDEN

3-17-2000 321-292-9401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/99)