

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N30832

1. Entity Name

**SUN TREE ESTATES PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**6643 LEMON TREE DR
LAKELAND, FL 33813 US**

Mailing Address

**P.O. BOX 235
HIGHLAND, FL 33846-7235 US**



04172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2942318

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHANCE, GRADY
6643 LEMON TREE DRIVE
LAKELAND, FL 33813**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

**U00000522589
05/03/06-80037-001 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHANCE, DAWN
STREET ADDRESS	6643 LEMON TREE DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	V
NAME	DONHAUSER, HEATHER
STREET ADDRESS	6619 LEMON TREE DRIVE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	PD
NAME	CHANCE, GRADY
STREET ADDRESS	6643 LEMON TREE DRIVE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Dawn W. Chance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

Date

(863) 533-7117

Daytime Phone #