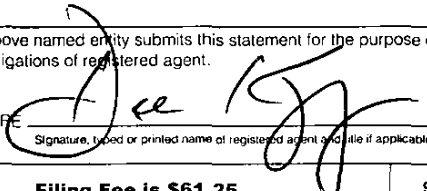


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90206 032 ****61.25

DOCUMENT # N41076 1. Entity Name SUNTREE COUNTRY CLUB, INC.					
Principal Place of Business ONE COUNTRY CLUB DR. MELBOURNE, FL 32940			Mailing Address ONE COUNTRY CLUB DR. MELBOURNE, FL 32940		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3036758	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT, JULIE A ONE COUNTRY CLUB DR MELBOURNE, FL 32940			7. Name and Address of New Registered Agent Name David Krzywonos Street Address (P.O. Box Number is Not Acceptable) One Country Club Drive City Melbourne FL 32940		
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  DATE 4/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COATES, WILLIAM PO BOX 410467 MELBOURNE, FL 32941	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Seares, Nancy 1015 Ariel Way Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEARES, NANCY 1015 ARIEL WAY MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Telling, William 719 Hawkhill Island Dr. Satellite Beach, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAHLMAN, DENNIS 673 CANDLEWOOD WAY MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dixon, Darryl 331 Sandhurst Dr. Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESTERMAN, NORMA 1016 WIMBLEDON DRIVE MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Horney, Eugene 185 Augusta Way Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNELL, WILLIAM 832 VENTURI COURT MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wistman, Gary 1010 Rosemoor Circle Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAMMIO, JOSEPH 2815 TURTLEMOUND ROAD MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buckley, Robert 931 Osprey Dr. Melbourne, FL 32940
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:  12 APRIL 252-9737 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

20008913

Document #N41076

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	
NAME		RUSSELL, DAVID
STREET ADDRESS		1163 BALMORAL WAY
CITY-ST-ZIP		MELBOURNE, FL 32940

X ADDITION