

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 01, 2008
Secretary of State**

DOCUMENT# N43713

Entity Name: SUNTREE LAKES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**P O BOX 410342
MELBOURNE, FL 32941 US**New Principal Place of Business:**SUNTREE LAKES
MELBOURNE, FL 32941 US**Current Mailing Address:**P O BOX 410342
MELBOURNE, FL 32941 US**New Mailing Address:****FEI Number:** 59-2078660 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MICHELLE IUCULANO
471 KIMBERLY DRIVE
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: DS () Delete
Name: KOSLOWKI, PATTI
Address: 764 LAKE DR
City-St-Zip: MELBOURNE, FL 32940Title: DP () Delete
Name: LICKER, PAUL
Address: 772 LAKE DR
City-St-Zip: MELBOURNE, FL 32940Title: DVP () Delete
Name: KOSLOWSKI, WERENER
Address: 764 LAKE DR
City-St-Zip: MELBOURNE, FL 32940Title: DT () Delete
Name: COUCH, RONALD
Address: 492 KIMBERLY DR.
City-St-Zip: MELBOURNE, FL 32940**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DP (X) Change () Addition
Name: KOSLOWKI, WERNER
Address: 764 LAKE DR
City-St-Zip: MELBOURNE, FL 32940Title: DVP (X) Change () Addition
Name: KATER, MARTY
Address: 467 KIMBERLY DR
City-St-Zip: MELBOURNE, FL 32940Title: DT (X) Change () Addition
Name: FARGNOLI, ANTHONY
Address: 485 KIMBERLY DR.
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WERNER KOSLOWSKI

DP

12/01/2008

Electronic Signature of Signing Officer or Director

Date