

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43713

FILED
May 23, 2009
Secretary of State

Entity Name: SUNTREE LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SUNTREE LAKES
MELBOURNE, FL 32941 US

New Principal Place of Business:

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 (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MICHELLE IUCULANO
471 KIMBERLY DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

KATER, MARTY
467 KIMBERLY DR
MELBOURNE, FL 32940 US

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: MARTY KATER

05/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: KOSLOWKI, PATTI
Address: 764 LAKE DR
City-St-Zip: MELBOURNE, FL 32940

Title: DP () Delete
Name: KOSLOWKI, WERNER
Address: 764 LAKE DR
City-St-Zip: MELBOURNE, FL 32940

Title: DVP () Delete
Name: KATER, MARTY
Address: 467 KIMBERLY DR
City-St-Zip: MELBOURNE, FL 32940

Title: DT () Delete
Name: FARGNOLI, ANTHONY
Address: 485 KIMBERLY DR.
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KATER, MARTY
Address: 467 LAKE DR
City-St-Zip: MELBOURNE, FL 32940

Title: DVP (X) Change () Addition
Name: HAZELWOOD, MICHAEL
Address: 496 LAKE DR
City-St-Zip: MELBOURNE, FL 32940

Title: DS (X) Change () Addition
Name: COUCH, MARLENE
Address: 492 KIMBERLY DR
City-St-Zip: MELBOURNE, FL 32940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTHONY FARGNOLI

DT

05/23/2009

Electronic Signature of Signing Officer or Director

Date