NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

SUNTREE AREA BUSINESS ASSOCIATION, INC.

Principal Place of Business

6767 N WICKHAM RD MELBOURNE FL 32940 Mailing Address

906 WILLARD ST.

#302 COCOA FL 32922-7998

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90058 037 ****61.25



3. Date Incorporated or Qualifed 06/10/1992

| 2. Principal Place of Business 21 (255) N. Wickham Rd 26 (255) N. Wickham Rd. | | | | | 3. Date Incorporated or Qualifed 06/10/1992 | | | |
|---|--------------------------|-------------|--------------|---|---|------------------|------------------------------|--|
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 4. FEI Number | | Applied For | |
| 22 Six 27 Six | | | | | 59-3134340 | L | Not Applicable | |
| City & State 23 Mel bolume, FC 28 Mel bourne, 7 | | | | | 5. Certificate of Status Desired | | 75-Additional ee Required | |
| Zip Country Zip Cour | | | | • | 6. Election Campaign Financing | | . 00 May Be | |
| 24 32940 25 29 32940 30 | | | 0 | | Trust Fund Contribution | Ad | ded to Fees | |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New F | Registered Agent | | |
| 00174444 187011 | | | | Name | | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 96 WILLARD STREET | | | | | | | | |
| SUITE 302 | | | | | | • | | |
| COCOA EL 00000 7000 | | | 84 | City | | 85 | Zip Code | |
| | | | | - ' | | FL | · | |
| 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered | | | | | | | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 12. | OFFICERS ANI | | 13. | it #Rumme io | ADDITIONS/CHANGES TO OF | | CTORS IN 12 | |
| TITLE | PD | ▼ DELETE | 1.1 TITLE | | PD | ☐ Cha | ange Addition | |
| NAME | LEWIS, CHARINE | A6 - | 1.2 NAME | | WILLIAM A. JOHNSON | | | |
| STREET ADDRESS | 6767 N WICKHAM RD #400 | | | TADDRESS | | | | |
| 1 | MELBOURNE FL 32940 | | 1.4 CITY-S | | 6550 N WICKHAM RD #6 | | | |
| CITY-ST-ZIP TITLE | TD | [] DELETE | 2.1 TITLE | ,- <u>Z</u> II | MELBOURNE FL 32940 | ☐ Cha | ange Addition | |
| NAME | FINEBERG, ELIZABETH | | 2.2 NAME | \ | TD | | | |
| STREET ADDRESS | 2679 NOBILITY AVE. | | | TADORESS | TRACEY MOOREY | | | |
| CITY-ST-ZIP | LIE BOLIBAIE EL CADES | | 2. 4 CITY-5 | - 1 | 7797 N.WICKHAM RD | | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | MELBOURNE FL 32940 | Cha | ange | |
| NAME | PENCHAT, YVES | | 3.2 NAME | į | D | | | |
| STREET ADDRESS | 6300 N. WICKHAM RD. | | 3.3 STREE | T ADDRESS | MARILYN MINNEBOO | | | |
| CITY-ST-ZIP | MELBOURNE FL 32940 | | 3.4. CITY-5 | | 4135 JAMES ROAD | | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | COCOA FL 32926 | ☐ Ch | ange Addition | |
| NAME | CLEVELAND, JANET | | 4. 2 NAME | | D | | | |
| STREET ADDRESS | 3270 SUNTREE BLVD | | 4.3 STREE | TADDRESS | SHAARON FIENGO | | | |
| CITY-ST-ZIP | MELBOURNE FL | | 4.4 CITY - S | T-21P | 8298 N WICKHAM RD #13 | 30 | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | MELBOURNE FL 32940 | Ch: | ange | |
| NAME | krug, edwin | | 5.2 NAME | | D | | | |
| STREET ADDRESS | 6767 N WICKHAM RD #304 | | 5.3 STREE | T ADDRESS | FATHER RUFUS KITE-POW | VELL | | |
| CITY-ST-ZIP | MELBOURNE FL | | 5.4 CITY-S | T-ZIP | 7200 N WICKHAM RD | | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | MELBOURNE FL 32940 | ☐ Ch | ange | |
| NAME | FLEMMING, MICHAEL | | 6.2 NAME | | D | | | |
| STREET ADDRESS | 6767 N. WICKHAM RD. #102 | | 6.3 STREE | TADDRESS | SHELDON PRIAO | | | |
| CITY-ST-ZIP | MELBOURNE FL | | 6.4 CITY-S | T-ZIP | | 1205A | | |

14. 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." Further certify that the informati indicated on this annual report or supplemental annual report is true and accurate and that my signatible states are safety 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 12 or Block 13 if changed, or of an advantage of the corporation of the cor

SIGNATURE: