


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000000236</b>	
1. Entity Name <b>SUNTREE BAY HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>702 BAY VIEW CT MELBOURNE, FL 32940 US</b>	Mailing Address <b>702 BAY VIEW CT MELBOURNE, FL 32940 US</b>
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/08)

4. FEI Number <b>59-3291148</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GOELZER, DAVID 702 BAY VIEW CT MELBOURNE, FL 32940</b>
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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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUIR, WILLIAM E JR. 605 GING LANE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAKER, GERALD 715 BAY VIEW CT MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOFIL, ROBERT 700 BAY VIEW CT MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOEIZER, DAVID 702 BAY VIEW CT MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/07-80007-020 61.25

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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:** Gerald Baker, Gerald Baker, Treas. 2/10/07 321 752-1049  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #