## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sucretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N95000002824 (9)

## SUNTREE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address					I SERVINE BIR SERVEN SING SENIO BEN	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	119 11011 6121 1001
7205 WAELTI DRIVE 7205 WAE							
MELBOURNE	ĘL 32940	MELBOURNE FL 32940				1	
					3. Date Incorporated or Qualified 06/13/1995	3a. Date of Las	t Heport
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	-11	Applied For
21		26		59-334765	7	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing		00 May Be	
23		28	<del></del>		Trust Fund Contribution	AUG	ed to Fees
Zip	Country	Ζip	Country		8. This corporation has liability for	intangible tax under s □ Yes □ No	s. 199.032,
24				Florida Statutes L Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Cur	rent Registered Agent		- <del></del>	10. Name and Address of New F	egistered Agent	
			81	Name			
WINTERFELDT, STEVE 7205 WAELTI DRIVE			82	Street A:	idress (P.O. Box Number is Not Acceptable)		
			83				
MELBOURNE FL 32940			<u> </u>			lar l	In Code
			84	City		FL  85   2	up Code
familiar wi	th, and accept the obligations of, S Signature, typeo or printed name of registered a	gent and title happicable	(NOTE: Registered Age		oard of directors. I hereby accept the app	DATE	
12.		AND DIRECTORS	13.		ADD HONS CHANGES TO OFF	Change	
TITLE	Į PD —		1.1 TITLE			□ Shange	Плюшия
NAME WINTERFELDT, STEVE		1.2					
STREET ADDRESS 7205 WAELTI DRIVE			1.3 STREFT ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32940	F-14.5.555	14 CITY- :	ST - ZIP		Change	Addition
TITLE	שוט		2 1 THLE	İ		☐ Citalige	
NAME	OULLEDGE, DAMIN		2.2 NAME				
STREET ADDRESS	1200 TALLII DIWL		2 3 STREE	I ADDRESS			
CITY - \$1 - ZIP	MELDOOMIL I C OLO IO		2 4 CITY-	SI-ZIP		Change	Addition
TITLE			3 1 TITLE			L_1 Grange	;
NAME	NORMICE, HOBERT O Sh.		3.2 NAME				
STREET ADDRESS	1439 O. HAMBOTT OF T DETO.		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	MICEDODINE I E OLOGI		3.4. CITY-	ST-7/P		C) 05000	Addition
TITLE			4 1 THTLE			Change	Addition
NAME			4 2 NAME	Ì			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - ST - ZIP			4.4 CITY-	ST-2IP		<del>;7400</del> -	
TITLE		DELETE	5.1 TITLE				e 🔲 Addition
NAME			5.2 NAME		***61.25	angaran enterior	
STREET ADDRESS			5 3 STREE	T ADDRESS	**************************************		
CiTY-ST-ZIP			5 4 CiTY -	ST - 71P			
TITLE		DELETE	61 TITLE			Change	e 🔲 Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 on an attachment with an address.

62 NAME

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

WINSERFELDT **SIGNATURE** 

NAME

STREET ADDRESS