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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002824**

1. Corporation Name
SUNTREE ESTATES HOMEOWNERS ASSOCIATION, INC.

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Principal Place of Business	Mailing Address
C/O THE SHRIEVES.INC 6939 N WICKHAM ROAD MELBOURNE FL 32940 US	C/O THE SHRIEVES.INC 6939 N WICKHAM ROAD MELBOURNE FL 32940 US

2. Principal Place of Business 21 P.O. Box 410795	2a. Mailing Address 26 P.O. Box 410795	3. Date Incorporated or Qualified 06/13/1995
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —	4. FEI Number 59-3347657 ☐ Applied For ☐ Not Applicable
City & State 23 MELBOURNE, FL	City & State 28 MELBOURNE, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32941 25 USA	Zip / Country 29 32941 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FRESE, GARY B
FRESE,NASH & TORPY
930 S HARBOR CITY BLVD SUITE #505
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	VANDERVEEN, H J		1.2 NAME	BURKE, CAROLE	
STREET ADDRESS	791 GLENGARRY DRIVE		1.3 STREET ADDRESS	1010 MONTICELLO CT.	
CITY-ST-ZIP	MELBOURNE FL 32940		1.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	MCMENAMY, J P		2.2 NAME	SCHUSTER, WILLIAM	
STREET ADDRESS	950 STRATFORD PLACE		2.3 STREET ADDRESS	1008 MONTICELLO CT.	
CITY-ST-ZIP	MELBOURNE FL 32940		2.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	O'BRIEN, CATHERINE		3.2 NAME	LEW, AMY	
STREET ADDRESS	1041 STRATFORD PLACE		3.3 STREET ADDRESS	991 STRATFORD PL.	
CITY-ST-ZIP	MELBOURNE FL 32940		3.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN, RON		4. 2 NAME		
STREET ADDRESS	917 VERSAILLES COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	LYNCH, LIDIA		5.2 NAME	DUBUQUE, KATHERINE	
STREET ADDRESS	2345 HIGH RIDE ROAD		5.3 STREET ADDRESS	961 STRATFORD PL.	
CITY-ST-ZIP	MELBOURNE FL 32940		5.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] TUFRONALD KLEIN (TD) 1/20/99 (407)721-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #