4/27

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State
04-27-2001 90322 033 ****61.25

DOCUMENT # N95000002824

1. Entity Name

SUNTREE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 410795 MELBOURNE FL 32941 US	PO BOX 410795 MELBOURNE FL 32941 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3347657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRESE, GARY B FRESE NASH & TORPY 930 S HARBOR CITY BLVD SUITE #505 MELBOURNE FL 32901	Name CLAYTON & McCULLOH Street Address (P.O. Box Number is Not Acceptable) 1065 MAITLAND CTR Commons BLVD City MAITLAND FL Zip Code 32751

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.

SIGNATURE _____ Neal McCulloh 06-22-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LYNCH, LIDIA 1009 MONTICELLO CT SUNTREE FL 32940	☐ Delete	TITLE PD NAME LYNCH, LIDIA STREET ADDRESS 1009 MONTICELLO CT CITY-ST-ZIP SUNTREE, FL 32940	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUBUQUE, DAVID 961 STRATFORD PL SUNTREE FL 32940	☒ Delete	TITLE SD NAME SCHUMANN, AL STREET ADDRESS 1005 MONTICELLO CT CITY-ST-ZIP SUNTREE, FL 32940	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD O'BRIEN, SEAN 1041 STRATFORD PL SUNTREE FL 32940	☐ Delete	TITLE S NAME SAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KLEIN, RON 917 VERSAILLES COURT MELBOURNE FL 32940	☐ Delete	TITLE VD NAME KLEIN, RON STREET ADDRESS 917 VERSAILLES CT CITY-ST-ZIP SUNTREE, FL 32940	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOISSEAU, BOB 933 VERSAILLES CT SUNTREE FL 32940	☒ Delete	TITLE D NAME POST, TRACY STREET ADDRESS 1051 STRATFORD PL CITY-ST-ZIP SUNTREE, FL 32940	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

CR2E037 (10/00)

12. 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 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: _____ 4/20/01 321-259-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #