## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002824

City-St-Zip:

SUNTREE, FL 32940

FILED Apr 12, 2004 Secretary of State

Entity Name: SUNTREE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 410795 MELBOURNE, FL 32941 US **Current Mailing Address: New Mailing Address:** PO BOX 410795 MELBOURNE, FL 32941 US FEI Number: 59-3347657 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **CLAYTON & MCCULLON** 1065 MAITLAND GR COMMONS BLVD MAITLAND, FL 32751 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SAWYER, SUSAN LYNCH, LIDIA Name: Name: 1040 STRATFORD PLACE Address: 1009 MONTICELLO COURT Address: City-St-Zip: SUNTREE, FL 32940 City-St-Zip: SUNTREE, FL 32940 Title: SD ( ) Delete Title: SD (X) Change ( ) Addition ROWE, SANDRA Name: KLEIN, RON Name: Address: 1008 MONTICELLO COURT Address: 917 VERSAILLES COURT City-St-Zip: SUNTREE, FL 32940 City-St-Zip: SUNTREE, FL 32940 Title: () Delete Title: (X) Change ( ) Addition POST, TRACEY MCLERAN, DAVID Name: Name: 1051 STRATFORD PLACE 1041 STRATFORD PLACE Address: Address: City-St-Zip: SUNTREE, FL 32940 City-St-Zip: SUNTREE, FL 32940 Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: MCLERAN, DAVE Name: SCHUMANN, ALFRED 1041 STRATFORD PLACE 1005 MONTICELLO COURT Address: Address: City-St-Zip: SUNTREE, FL 32940 City-St-Zip: SUNTREE, FL 32940 Title: () Delete Title: () Change () Addition BOISSEAU, ALICE Name: Name: 933 VERSAILLES COURT Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DAVID MCLERAN TD 04/12/2004