2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002824

FILED Apr 02, 2008 Secretary of State

Entity Name: SUNTREE ESTATES HOMEOWNERS ASSOCIATION, INC.

	rincipal Place	of Business:	New Principal Place of Business:		
	EESTATES RNE, FL 32941	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
PO BOX 4 MELBOUF	110795 RNE, FL 32941	US			
FEI Number	: 59-3347657	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent	: Name and Address of New Registered Agent:		
1065 MAIT	I & MCCULLON FLAND GR COM D, FL 32751				
	e named entity s e of Florida.	submits this statement for t	he purpose of changing its registered office or registered agent, or	both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered	Agent Date		
OFFICER	S AND DIRECT	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTOR	
Γitle: Name: Address:		Delete A LLO COURT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTION () Change () Addition Name: Address: City-St-Zip:	CTOR	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PTD () ROWE, SANDR, 1008 MONTICE SUNTREE, FL 3	Delete A LLO COURT 32940 Delete ON LLO CT	Title: () Change () Addition Name: Address:	CTOR	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	PTD () ROWE, SANDR. 1008 MONTICE! SUNTREE, FL () CHINOY, SHARC 1006 MONTICE! SUNTREE, FL ()	Delete A LLO COURT 32940 Delete ON LLO CT 32940 Delete ES CT.	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	CTOR	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: SANDRA R ROWE PRES 04/02/2008