2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003
Secretary of State

DOCUMENT# N95000002824

Entity Name: SUNTREE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 410795
MELBOURNE, FL 32941 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 410795
MELBOURNE, FL 32941 US

New Mailing Address:

FEI Number: 59-3347657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAYTON & MCCULLON
1065 MAITLAND GR COMMONS BLVD
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: SAWYER, SUSAN
Address: 1040 STRATFORD PLACE
City-St-Zip: SUNTREE, FL 32940

Title: SD ( ) Delete
Name: ROWE, SANDRA
Address: 1008 MONTICELLO COURT
City-St-Zip: SUNTREE, FL 32940

Title: TD ( ) Delete
Name: POST, TRACEY
Address: 1051 STRATFORD PLACE
City-St-Zip: SUNTREE, FL 32940

Title: VD ( ) Delete
Name: KLEIN, RON
Address: 917 VERSAILLES COURT
City-St-Zip: SUNTREE, FL 32940

Title: D ( ) Delete
Name: SCHEUERER, DAN
Address: 1000 MONTICELLO COURT
City-St-Zip: SUNTREE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: MCLERAN, DAVE
Address: 1041 STRATFORD PLACE
City-St-Zip: SUNTREE, FL 32940

Title: D (X) Change ( ) Addition
Name: BOISSEAU, ALICE
Address: 933 VERSAILLES COURT
City-St-Zip: SUNTREE, FL 32940

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.

SIGNATURE: TRACEY B. POST TD 04/14/2003

Electronic Signature of Signing Officer or Director — Date