

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90042 001 \*\*\*\*61.25

<b>DOCUMENT # N96000002914</b>					
<b>1. Entity Name</b> SUNTREE WOODS HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 905 SUNTEE WOODS DR MELBOURNE, FL 32940			<b>Mailing Address</b> 905 SUNTEE WOODS DR MELBOURNE, FL 32940		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3167351	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HAHN, DONALD L 905 SUNTREE WOODS DRIVE MELBOURNE, FL 32940			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> DEMPSEY, JOHN R 813 SUNTREE WOODS DR MELBOURNE, FL 32940 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> PERCHON, JOHN 816 SUNTREE WOODS DRIVE MELBOURNE, FL 32940 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> SIEGEL, HARVEY 897 SUNTREE WOODS DR MELBOURNE, FL 32940 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> HAHN, DONALD L 905 SUNTREE WOODS DR MELBOURNE, FL 32940 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> HEREFORD, JEANETTE 901 SUNTREE WOODS DRIVE MELBOURNE, FL 32940 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> GRAY, WILLIE 853 SUNTREE WOODS DR. MELBOURNE, FL 32940 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> CARLSON, DEAN M. 904 SUNTEE WOODS DR. MELBOURNE FL 32940 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Donald L. Hahn, Sr.</u> <span style="float: right;">1/3/07 321-242-9817</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					