

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90019 044 ****61.25

DOCUMENT # N98000002493

1. Entity Name

**SUNTREE PROFESSIONAL CENTER OWNERS
ASSOCIATION, INC.**



Principal Place of Business

6550 N. WICKHAM RD.
SUITE 9
MELBOURNE FL 32940

Mailing Address

P.O BOX 410454
MELBOURNE FL 32941-0454



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3509715

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

FILICHIA, RICK
6550 N. WICKHAM RD.
SUITE 9
MELBOURNE FL 32940

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: FILICHIA, RICK
STREET ADDRESS: 6550 N WICKHAM RD., #9
CITY- ST- ZIP: MELBOURNE FL 32940

TITLE: PD ☒ Delete
NAME: MOSS, MIKE
STREET ADDRESS: 6550 N WICKHAM RD., #9
CITY- ST- ZIP: MELBOURNE FL 32940

TITLE: TD ☐ Delete
NAME: SCHOVER, CAROL
STREET ADDRESS: 6550 N WICKHAM RD., #9
CITY- ST- ZIP: MELBOURNE FL 32940

TITLE: D ☐ Delete
NAME: PELCHAT, YVES
STREET ADDRESS: 6550 N WICKHAM RD., #9
CITY- ST- ZIP: MELBOURNE FL 32940

TITLE: DS ☐ Delete
NAME: GELDERMANN, JOHN
STREET ADDRESS: 6550 N WICKHAM RD., #9
CITY- ST- ZIP: MELBOURNE FL 32940

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☒ Addition
NAME: **BOB JOSLIN**
STREET ADDRESS: **6550 N. WICKHAM RD. #1**
CITY- ST- ZIP: **MELBOURNE, FL 32940**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Carol Schover **CAROL SCHOVER** 2-22-2007 904-259-7039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #