

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90058 011 ****61.25

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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	4. FEI Number 59-3509715	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FILISHIA, RICK 6550 N. WICKHAM RD. SUITE 9 MELBOURNE, FL 32940				Name RECK FILICHIA 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FILICHIA, RICK		NAME		
STREET ADDRESS	6550 N WICKHAM RD., #9		STREET ADDRESS		
CITY - ST - ZIP	MELBOURNE, FL 32940		CITY - ST - ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOSS, MIKE		NAME	P/D BOB JOSLIN	
STREET ADDRESS	6550 N WICKHAM RD., #9		STREET ADDRESS	6550 N. WICKHAM RD #1	
CITY - ST - ZIP	MELBOURNE, FL 32940		CITY - ST - ZIP	MELBOURNE, FL 32940	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOBBER, CAROL		NAME		
STREET ADDRESS	6550 N WICKHAM RD., #9		STREET ADDRESS		
CITY - ST - ZIP	MELBOURNE, FL 32940		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELCHAT, YVES		NAME	S/T/D	
STREET ADDRESS	6550 N WICKHAM RD., #9		STREET ADDRESS		
CITY - ST - ZIP	MELBOURNE, FL 32940		CITY - ST - ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GELDERMANN, JOHN		NAME		
STREET ADDRESS	6550 N WICKHAM RD., #9		STREET ADDRESS		
CITY - ST - ZIP	MELBOURNE, FL 32940		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 address, with all other like empowered.					
SIGNATURE:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Guy Yves Pelchat		
			Date 2/1/8 Daytime Phone # 904-259-7039		