

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 12, 2011**  
**Secretary of State**

DOCUMENT# N98000002493

**Entity Name:** SUNTREE PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6550 N. WICKHAM RD.  
SUITE 9  
MELBOURNE, FL 32940**New Principal Place of Business:****Current Mailing Address:**PO BOX 716  
MACCLENLY, FL 32063 US**New Mailing Address:****FEI Number:** 59-3509715**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COLLINS REALTY GROUP, INC.  
DENNIS G. COLLINS  
104 E. MACCLENLY AVENUE  
MACCLENLY, FL 32063 US**Name and Address of New Registered Agent:**JM REAL ESTATE INC.  
2425 PINEAPPLE AVE  
SUITE 108  
MELBOURNE, FL 32935 US

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:** MICHAEL MCDONALD

08/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FILICHIA, RICK  
**Address:** P.O. BOX 716  
**City-St-Zip:** MACCLENLY, FL 32063 US

**Title:** PD  
**Name:** JOSLIN, BOB  
**Address:** P.O. BOX 716  
**City-St-Zip:** MACCLENLY, FL 32063 US

**Title:** STD  
**Name:** PELCHAT, YVES  
**Address:** P.O. BOX 716  
**City-St-Zip:** MACCLENLY, FL 32063 US

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL MCDONALD

RA

08/12/2011

Electronic Signature of Signing Officer or Director

Date