
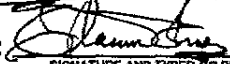


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000005918</b>		
1. Entity Name SUNTREE-VIERA COMMUNITY PARKS FOUNDATION, INC.		
Principal Place of Business 561 INVERNESS AVENUE MELBOURNE, FL 32940	Mailing Address 561 INVERNESS AVENUE MELBOURNE, FL 32940	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  RHAME, HARRISON E 561 INVERNESS AVE MELBOURNE, FL 32940		<b>DO NOT WRITE IN THIS SPACE</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		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000115654 04/16/04-80033-008 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHAME, HARRISON E 561 INVERNESS AVE MELBOURNE, FL 32940	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAGROWSKI, JERRY 884 SPANISH WELLS DRIVE MELBOURNE, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALONE, MICHAEL P.O. BOX 140766 MELBOURNE, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, JOHN 1163 RIVERMONT DRIVE MELBOURNE, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  E. HARRISON RHAME, PRESIDENT		Date: 2/10/04 Daytime Phone: 321-259-6681