

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90199 018 \*\*\*\*61.25

**DOCUMENT # N99000005918**

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**

**60036459**



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

**3181 Gatlin Drive**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**04292008 Chg-NP CR2E037 (12/06)**

City & State

**Viera, FL**

City & State

4. FEI Number  
**59-3601686**

Applied For  
Not Applicable

Zip

**32955**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RHAME, HARRISON E  
561 INVERNESS AVE  
MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent

Name **Jerry Jagrowski**

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

**884 Spanish Wells Drive**

City

**Melbourne**

**FL**

Zip Code

**32940**

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

*Jerry Jagrowski*

**4-30-08**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **PD** ☒ Delete  
NAME **RHAME, HARRISON E**  
STREET ADDRESS **561 INVERNESS AVE**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **VD** ☐ Delete  
NAME **JAGROWSKI, JERRY**  
STREET ADDRESS **884 SPANISH WELLS DRIVE**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **SD** ☐ Delete  
NAME **MALONE, MICHAEL**  
STREET ADDRESS **P.O. BOX 140766**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **TD** ☐ Delete  
NAME **BALL, BOB**  
STREET ADDRESS **1767 INDEPENDENCE AVE**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **MARY ANNE BEASLEY**  
STREET ADDRESS **3181 GATLIN DRIVE**  
CITY-ST-ZIP **VIERA, FL 32955**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 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.

SIGNATURE:

*M. Beasley, Pres.*

**4-30-08**

**321-  
254-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #