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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000028711 (7)

1. Corporation Name
SUNTREE PROPERTIES, INC.



Principal Place of Business
400 ST. ANDREWS BLVD
MELBOURNE FL 32940

Mailing Address
400 ST. ANDREWS BLVD
MELBOURNE FL 32940-7501

3. Date Incorporated or Qualified
04/12/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3236560

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IGO, MILES D
400 ST. ANDREWS BLVD
MELBOURNE FL 32940

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HALEY, MYRA K
STREET ADDRESS 557 SWEETWATER COURT
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 136 Lansing Island Drive
1.4 CITY-ST-ZIP Indian Harbour Beach, FL 32937

TITLE V
NAME HALEY, JOHN D
STREET ADDRESS 557 SWEETWATER COURT
CITY-ST-ZIP MELBOURNE FL ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Miles D. Igo
2.3 STREET ADDRESS 649 Spring Lake Drive
2.4 CITY-ST-ZIP Melbourne, FL 32940

TITLE S
NAME COCHRAN, WILLIAM G
STREET ADDRESS 785 SHELL STREET
CITY-ST-ZIP SATELLITE BENCH FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DC
NAME IGO, MILES D
STREET ADDRESS 649 SPRING LAKE DRIVE
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD
NAME HENDERSON, EUGENE L
STREET ADDRESS 6225 SUNSET LANE
CITY-ST-ZIP INDIANAPOLIS IN ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William G. Cochran*

4-15-97 407 242-6200

CR2E034 (9/96)