2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N96000002392

Entity Name: SUNCOAST CENTER PROPERTIES, INC.

Current Principal Place of Business:

4024 CENTRAL AVE.
ST. PETERSBURG, FL 33711 US

New Principal Place of Business:

Current Mailing Address:

4024 CENTRAL AVE.
ST. PETERSBURG, FL 33711 US

New Mailing Address:

FEI Number: 59-3385984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAIRE, BARBARA E
4024 CENTRAL AVE.
ST. PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BRANSON, ERIC M
Address: ONE PROGRESS PLAZA, STE 165
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D ( ) Delete
Name: GUARINO, JOHN
Address: 424 CENTRAL AVE SUITE 1000
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: D ( ) Delete
Name: MELBY, ROBERT
Address: 424 CENTRAL AVENUE, SUITE 1000
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D ( ) Delete
Name: MATZ, GEORGE
Address: 7343 SAWGRASS PT DR
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete
Name: SMLET, ANTHONY
Address: 9495 BLIND PASS RD #902
City-St-Zip: SAINT PETERSBURG, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SKLET, ANTHONY
Address: 9495 BLIND PASS RD #902
City-St-Zip: SAINT PETERSBURG, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY B. HUDSON CFO 01/21/2009
Electronic Signature of Signing Officer or Director Date