

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90027 005 ****61.25

DOCUMENT # N98000002749 1. Entity Name SUNCOAST TECHNOLOGY ALLIANCE, INC.					
Principal Place of Business 1945 FRUITVILLE ROAD SARASOTA, FL 34236			Mailing Address 1945 FRUITVILLE ROAD SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0858641	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIDDLEBROOKS, J H WILLIAMS, PARKER, HARRISON, ET. AL. 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D ☐ Delete		TITLE	D ☐ Change ☒ Addition	
NAME	NEMANICK, WILLIAM L		NAME	ENGEL, NANCY	
STREET ADDRESS	2501 63 AVE. E.; STE. 100		STREET ADDRESS	222 10th ST. WEST	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	D ☐ Delete		TITLE	D ☐ Change ☒ Addition	
NAME	MILLER, DANIEL		NAME	MASCIO, GINA	
STREET ADDRESS	4808 PEREGRINE PT. CIRCLE WEST		STREET ADDRESS	1800 SECOND ST., SUITE 735	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D ☒ Delete		TITLE	D ☐ Change ☒ Addition	
NAME	OTT, DALE		NAME	CONNOR, JOHN	
STREET ADDRESS	7405 N. TAMiami TRAIL		STREET ADDRESS	1001 3RD AVE. WEST, SUITE 500	
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	D ☒ Delete		TITLE		
NAME	BAYLIS, KATHLEEN D		NAME		
STREET ADDRESS	1945 FRUITVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	D ☒ Delete		TITLE		
NAME	GOODFRIEND, STEVE		NAME		
STREET ADDRESS	5459 FRUITVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE		
NAME	CHAPMAN, KEN		NAME		
STREET ADDRESS	2501 63RD AVE EAST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		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: WILLIAM L. NEMANICK <i>William L. Nemanick</i> 1-20-04 (941) 739-4556					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					