

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000004188

1. Entity Name  
SUNCOAST HIGH SCHOOL FOUNDATION, INC.



08 OCT -2 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
600 W 28TH ST.  
RIVIERA BEACH, FL 33404

Mailing Address  
600 W 28TH ST.  
RIVIERA BEACH, FL 33404

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09172008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
65-1035370

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARELL, SARAJANE  
GLICKMAN, WITTERS & MARELL  
1601 FORUM WAY #1101  
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name Laurie Gildan, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Greenberg Traurig, P.A.  
777 S. Flagler Drive, Suite 300 East  
City West Palm Beach FL Zip Code 33401

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

9/29/08

DATE

Filing Fee is \$61.25  
Due by September 12, 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 ☒ Vice Chair ☐ Delete  
NAME ERENICH, CAROL  
STREET ADDRESS 2324 EMBASSY DR.  
CITY - ST - ZIP WEST PALM BEACH, FL 33401

TITLE ☒ Delete  
NAME PELTON, CHARLOTTE  
STREET ADDRESS 2396 SOUTH SHORE DR.  
CITY - ST - ZIP PALM BEACH GARDENS, FL 33410

TITLE ☒ Delete  
NAME ADKIN, GARY  
STREET ADDRESS 2 LOTHWICK RD  
CITY - ST - ZIP PALM BEACH GARDENS, FL 33418

TITLE ☒ Delete  
NAME SMITH, DENISE  
STREET ADDRESS 17 WINDWARD ISLE  
CITY - ST - ZIP PALM BEACH GARDENS, FL 33418

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 ☐ Change ☒ Addition  
NAME Chair  
STREET ADDRESS Atresh Chandra  
CITY - ST - ZIP 1038 Breakers West Blvd.  
West Palm Beach, FL 33411

TITLE ☐ Change ☒ Addition  
NAME Chair Elect & Secretary  
STREET ADDRESS Stephen Cohen  
CITY - ST - ZIP 4500 PGA Blvd., Suite 303A  
Palm Beach Gardens, FL 33418

TITLE ☐ Change ☒ Addition  
NAME Vice Chair  
STREET ADDRESS Laurie Gildan  
CITY - ST - ZIP c/o Greenberg Traurig, 777 S. Flagler Dr, Ste 300 E  
West Palm Beach, FL 33401

TITLE ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS Michael Kohner  
CITY - ST - ZIP c/o MTAS, 777 S. Flagler Dr., Ste. 1700 W  
West Palm Beach, FL 33401

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/08

Date

361-805-6640

Daytime Phone #

10/2 aw