

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744367

**Entity Name:** SUNCOAST CHAPTER OF COMMUNITY ASSOCIATIONS  
INSTITUTE, INC.**FILED**  
**Feb 15, 2017**  
**Secretary of State**  
**CC8510316525****Current Principal Place of Business:**6528-A CENTRAL AVENUE  
ST. PETERSBURG, FL 33707**Current Mailing Address:**6528-A CENTRAL AVENUE  
ST. PETERSBURG, FL 33707 US**FEI Number: 59-1860330****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HAGAN, LAURA  
6528-A CENTRAL AVENUE  
ST. PETERSBURG, FL 33707 US*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**Officer/Director Detail :**

Title	DP
Name	SCARR, BARRY
Address	8200 113TH STREET NORTH 202
City-State-Zip:	SEMINOLE FL 33772

Title	DT
Name	ELIZABETH, WADSWORTH
Address	3118 GULF TO BAY BLVD #130
City-State-Zip:	CLEARWATER FL 33759

Title	D
Name	NIKOLOFF, STEVE
Address	1964 BAYSHORE BLVD A
City-State-Zip:	DUNEDIN FL 34698

Title	DIRECTOR
Name	LEGENDRE, PERCY
Address	4809 EHRLICH ROAD 203
City-State-Zip:	TAMPA FL 33624

Title	DS
Name	PLANT, DONNA
Address	36750 US 19 NORTH
City-State-Zip:	PALM HARBOR FL 34684

Title	VP
Name	MOHNS, DAVID
Address	101 NORTH STARCREST DRIVE
City-State-Zip:	CLEARWATER FL 33765

*I hereby 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 all other like empowered.*

**SIGNATURE: BARRY SCARR****PRESIDENT****02/15/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date