

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744367

Entity Name: SUNCOAST CHAPTER OF COMMUNITY ASSOCIATIONS
INSTITUTE, INC.**FILED**
Jun 18, 2020
Secretary of State
2548433616CC**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	PRESIDENT
Name	ELIZABETH, WADSWORTH
Address	3118 GULF TO BAY BLVD #130
City-State-Zip:	CLEARWATER FL 33759

Title	DS
Name	PEGGY, SEMPSEY
Address	720 BROOKER CREEK BLVD. 206
City-State-Zip:	OLDSMAR FL 34677

Title	PRESIDENT ELECT
Name	LORRAINE, THOMAS
Address	5055 BRITTANY DRIVE SOUTH A
City-State-Zip:	ST. PETERSBURG FL 33715

Title	VP
Name	WOOD, KEENA
Address	2401 CORDOVA GREENS BLVD.
City-State-Zip:	LARGO FL 33777

Title	PAST PRESIDENT
Name	THOMAS, DOT
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	TREASURER
Name	DAVIS, CINDY
Address	4809 EHRLICH ROAD SUITE 203
City-State-Zip:	TAMPA FL 33624

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: ELIZABETH WADSWORTH**PRESIDENT****06/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date