

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744367

Entity Name: SUNCOAST CHAPTER OF COMMUNITY ASSOCIATIONS
INSTITUTE, INC.**FILED**
Feb 18, 2016
Secretary of State
CC6331435325**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	LEGENDRE, PERCY III
Address	4809 EHRLICH ROAD SUITE 203
City-State-Zip:	TAMPA FL 33624
Title	DT
Name	ELIZABETH, WADSWORTH
Address	3118 GULF TO BAY BLVD #130
City-State-Zip:	CLEARWATER FL 33759
Title	D
Name	ANNE, HATHORN
Address	P.O. BOX 35159
City-State-Zip:	ST. PETERSBURG FL 33705

Title	DIRECTOR
Name	BARRY, SCARR
Address	8200 113TH STREET NORTH SUITE 202
City-State-Zip:	SEMINOLE FL 33772
Title	DS
Name	CHARLA, GALBRAITH
Address	2605 ENTERPRISE ROAD EAST #200
City-State-Zip:	CLEARWATER FL 33759
Title	VP
Name	STEVE, NIKOLOFF
Address	1964 BAYSHORE BLVD #A
City-State-Zip:	DUNEDIN FL 34698

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: PERCY LEGENDRE**PRESIDENT****02/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date