

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759520

**FILED
Apr 26, 2019
Secretary of State
1439339531CC**

Entity Name: SUGAR CREEK MEDICAL AND PROFESSIONAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O SUGAR CREEK ASSOCIATION
10225 ULMERTON
LARGO, FL 33771

Current Mailing Address:

C/O ASSOCIA GULF COAST, INC.
9887 FOURTH STREET NORTH SUITE 301
ST. PETERSBURG, FL 33702 US

FEI Number: 59-2302435

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST, INC.
9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702 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: JOHN HENSLEY

04/26/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HORDEN, GAYLE
Address C/O ASSOCIA GULF COAST, INC.
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER
Name BELLEAIR DAY SPA, INC.
Address C/O ASSOCIA GULF COAST, INC.
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY
Name TURD FERGUSON LLC FL LIMITED
 LIABILITY GROUP
Address C/O ASSOCIA GULF COAST, INC.
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name COMEY CHIROPRACTIC CLINIC
Address C/O ASSOCIA GULF COAST, INC.
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

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: GAYLE HORDEN

PRESIDENT

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date