

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

DOCUMENT# N00000004188

**Entity Name:** SUNCOAST HIGH SCHOOL FOUNDATION, INC.**Current Principal Place of Business:**1717 AVENUE S  
RIVIERA BEACH, FL 33404**Current Mailing Address:**1717 AVENUE S  
RIVIERA BEACH, FL 33404**FEI Number:** 65-1035370**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARRON, NATALIE  
1717 AVENUE S  
RIVIERA BEACH, FL 33404 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:** NATALIE CARRON

03/27/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           CLARK, RICHARD P.  
Address        170 ISLE VERDE WAY  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            DIRECTOR  
Name           CLEMENS, RINA K  
Address        378 COLUMBUS STREET  
City-State-Zip: PALM BEACH GARDEN FL 33410

Title            TREASURER  
Name           SCHERBAK, MARK  
Address        8725 MARLAMOR LANE  
City-State-Zip: WEST PALM BEACH FL 33412

Title            DIRECTOR  
Name           SIGNORI, LAWRENCE J  
Address        152 HARBOURSIDE CIRCLE  
City-State-Zip: JUPITER FL 33477

Title            DIRECTOR, SECRETARY  
Name           HEIN, STEVEN  
Address        4600 MILITARY TRAIL  
                 SUITE 226  
City-State-Zip: JUPITER FL 33458

Title            EXECUTIVE SECRETARY  
Name           CARRON, NATALIE  
Address        1717 AVENUE S  
City-State-Zip: RIVIERA BEACH FL 33404

Title            DIRECTOR  
Name           DEWOODY, ELIZABETH  
Address        131 ELLAMAR ROAD  
City-State-Zip: WEST PALM BEACH FL 33405

Title            DIRECTOR, VP  
Name           BLATT, PETER  
Address        166 REMO PLACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

**Continues on page 2**

*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:** NATALIE S CARRON**ADMINISTRATOR**

03/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SCHWEBEL, MICHAEL  
Address 908 COUNTRY CLUB DRIVE  
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR  
Name ANDEL, ELLEN  
Address 471 N. JUNO LN.  
City-State-Zip: JUNO BEACH FL 33408

Title DIRECTOR  
Name EDEN PEARL, TARA  
Address 150 BRADLEY PLACE  
APARTMENT 308  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name ZIEMERINK, JOLINE  
Address 7635 IRONHORSE BLVD.  
City-State-Zip: WEST PALM BEACH FL 33412

Title DIRECTOR  
Name LAMP, JANE DR.  
Address 2050 PORTLAND AVENUE  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name KAMP, WALTER  
Address 11622 FIR STREET  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR  
Name ROBERSON, ANITA  
Address 136 EBBTIDE DRIVE  
City-State-Zip: NORTH PALM BEACH FL 33408