

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005722

Entity Name: SUNCOAST BUSINESS MASTERS, INC.**Current Principal Place of Business:**BLACK DIAMOND COUNTRY CLUB
BLACK DIAMOND CIRCLE
LECANTO, FL**Current Mailing Address:**P.O. BOX 1292
CRYSTAL RIVER, FL 34423 US**FEI Number:** 80-0825576**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOGARTY, SUSAN C
408 LAKE STREET
INVERNESS, FL 34450 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 ELECT ELECT
Name ROWTHORN, AMANDA
Address 7076 W. GULF TO LAKE HWY.
City-State-Zip: CRYSTAL RIVER FL 34429

Title SECRETARY
Name COHILL FOGARTY, SUSAN
Address 408 LAKE STREET
City-State-Zip: INVERNESS FL 34450

Title PAST PRESIDENT
Name WILSON, LORA
Address 408 LAKE STREET
City-State-Zip: INVERNESS FL 34450

Title PRESIDENT
Name PLAISTED, CAMI
Address 2432 N. HERITAGE OAKS PATH
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR
Name CROWLEY, JOANNE
Address 305 S. SALISBURY TERRACE
City-State-Zip: LECANTO FL 34461

Title DIRECTOR
Name WADE, SALLY
Address 225 N. MCGOWAN AVE.
City-State-Zip: CRYSTAL RIVER FL 34429

Title TREASURER
Name BOSANKO, SONYA
Address 382 N. SUNCOAST BLVD.
City-State-Zip: CRYSTAL RIVER FL 34429

Title VP
Name KLYAP, ERICA
Address 922 N. CITRUS AVE.
City-State-Zip: CRYSTAL RIVER FL 34428

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: LORA WILSON

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SNYDER, GLORIA
Address P.O. BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423

Title DIRECTOR
Name FULLERTON, SUE
Address P.O. BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423

Title DIRECTOR
Name JOOST, LISA
Address P.O. BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423

Title DIRECTOR
Name DEMARTINO, NICK
Address P.O. BOX 1292
City-State-Zip: CRYSTAL RIVER FL 34423