

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005722

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**7509062295CC**

**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