

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

DOCUMENT# N12000005722

**FILED**  
**Apr 23, 2017**  
**Secretary of State**  
**CC5949700218**

**Entity Name:** SUNCOAST BUSINESS MASTERS, INC.

**Current Principal Place of Business:**

CITRUS HILLS GOLF & COUNTRY CLUB  
509 E HARTFORD STREET  
HERNANDO, FL 34442

**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 DIRECTOR  
Name CLARK, JERILLYN  
Address 2027 N. DONOVAN AVE., STE. B  
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR  
Name FULLERTON, SUSAN  
Address 10344 S EVANS STREET  
City-State-Zip: INVERNESS FL 34452

Title SECRETARY  
Name ROWTHORN, AMANDA  
Address 7070 W. GULF TO LAKE HWY.  
City-State-Zip: CRYSTAL RIVER FL 34429

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

Title VP  
Name SWART, ERIC  
Address PO BOX 2613  
City-State-Zip: CRYSTAL RIVER FL 34423

Title TREASURER  
Name SCOTT, DEBBIE  
Address 9199 N GOLFVIEW DRIVE  
City-State-Zip: CITRUS SPRINGS FL 34434

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

Title DIRECTOR  
Name LEVIN, EDDIE  
Address 5272 S. RIVERVIEW CIRCLE  
City-State-Zip: HOMOSASSA FL 34448

**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**

**PAST PRESIDENT**

**04/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title           PRESIDENT  
Name           CLAUSS, SARAH  
Address        2979 E. POSSUM COURT  
City-State-Zip: INVERNESS FL 34452

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