

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005722

**FILED**  
**Mar 16, 2021**  
**Secretary of State**  
**7248181889CC**

**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 VP  
Name ROWTHORN, AMANDA  
Address 7076 W. GULF TO LAKE HWY.  
City-State-Zip: CRYSTAL RIVER FL 34429

Title SECRETARY  
Name JOHNS, DEBE  
Address PO BOX 1292  
City-State-Zip: CRYSTAL RIVER FL 34450

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

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

**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 L WILSON**

**ATTORNEY**

**03/16/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title            TREASURER  
Name            NIPPERS, KRISTEN  
Address        PO BOX 1292  
City-State-Zip: CRYSTAL RIVER FL 34423