

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 747685

1. Entity Name

SUNCOAST GARDEN APARTMENT CONDOMINIUM  
ASSOCIATION, INC.



FILED

08 SEP 11 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

3252 NE 13TH ST.  
POMPANO BEACH FL 33062

Mailing Address

3252 NE 13 ST  
POMPANO BEACH FL 33062

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

4. FEI Number

59-1975629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENTHAL, STUART S.  
404 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By September 3, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☒

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME TYWFORD, JUDITH  
STREET ADDRESS 3252 NE 13 ST APT 3  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MEM ☐ Delete  
NAME LAWRENCE, MARY J  
STREET ADDRESS 3252 NE 13TH ST APT 1  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST ☒ Delete  
NAME MAYER, ROBERT A  
STREET ADDRESS 3245 NE 13TH ST APT 5  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☒ Change ☒ Addition  
NAME Kathleen Skeen  
STREET ADDRESS 15 Modmouth Road  
CITY-ST-ZIP Orlanport, NJ 07757

TITLE V ☐ Delete  
NAME CHACE, MARY LOU  
STREET ADDRESS 603 SEVEN BRIDGES RD.  
CITY-ST-ZIP LITTLE SILVER NJ 07739

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen Skeen

3 Sep 2008 132-389-2068