FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #**1. Corporation Name J66402 (5) SUNCOAST GOLF, INC. Principal Place of Business Mailing Address % RICHARD A. ZACUR 5200 CENTRAL AVENUE TYRONE SOUARE MALL, SUITE 402 6901 22ND AVE NO ST PETE FL 33710 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33707-1834 3. Date Incorporated or Qualified 04/03/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2794940 26 Not Applicable

Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country ZiD Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RI Name zacur, richard a. **5200 CENTRAL AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 83 City Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of \$300.000 florida Statutes.

SIGNATURE gistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 1.1 TITLE Change CHANGE RANNEY, SUZANNE NAME 1.2 NAME 1485 42ND AVE. NO. 900 Water LILY CT. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Addition GILROY, LOUIS C. NAME 2.2 NAME 2024 CHALLENGER AVE STREET ADDRESS 2.3 STREET ADDRESS DAVENPORT FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE ☐ DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

FILED

Apr 20 1998 8:00am