

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90026 033 ****70.00

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1. Entity Name
SUNCOAST BAY AREA PAYROLL ASSOCIATION, INC.



40003584



Principal Place of Business
**10221 LOCKWOOD PINES LANE
TAMPA, FL 33635 US**

Mailing Address
**P.O. BOX 48013
SAINT PETERSBURG, FL 33743-8013**

2. Principal Place of Business
1602 DUSTY ROSE LANE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 4297
Suite, Apt. #, etc.

01082005 Chg-NP CR2E037 (10/03)

City & State
BRANDON, FL
Zip
33510 Country
US

City & State
BRANDON, FL
Zip
33509 Country
US

4. FEI Number
59-3697199 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JAVITZ, STAN
10221 LOCKWOOD PINES LANE
TAMPA, FL 33635**

7. Name and Address of New Registered Agent
Name
LAURA SCOTT
Street Address (P.O. Box Number is Not Acceptable)
1602 DUSTY ROSE LANE
City
BRANDON FL Zip Code
33510

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 *Laura Scott, President*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/8/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE **P** ☒ Delete
NAME **JAVITZ, STAN**
STREET ADDRESS **10221 LOCKWOOD PINES LAND**
CITY-ST-ZIP **TAMPA, FL 33635**

TITLE **VP** ☐ Delete
NAME **SCOTT, LAURA**
STREET ADDRESS **1602 DUSRY ROSE LAND**
CITY-ST-ZIP **BRANDON, FL 33510**

TITLE **S** ☐ Delete
NAME **KEEL, SHEILA**
STREET ADDRESS **802 BLUE HERON BLVD**
CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE **T** ☒ Delete
NAME **SWEENEY, MARY**
STREET ADDRESS **8252 26TH AVE. N.**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **LAURA SCOTT**
STREET ADDRESS **1602 DUSTY ROSE LANE**
CITY-ST-ZIP **BRANDON, FL 33510**

TITLE **VP** ☐ Change ☒ Addition
NAME **KATHLEEN FRONTZ**
STREET ADDRESS **1041 SWEET JASMINE DRIVE**
CITY-ST-ZIP **TRINITY, FL 34655**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **Deborah Pellitteri**
STREET ADDRESS **4515 PORTOBELLO CIRCLE**
CITY-ST-ZIP **VALRICO, FL 33594**

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

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

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

12. 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 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: *Laura Scott, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/05
Date

813-242-2381
Daytime Phone #