

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008366

FILED  
May 14, 2006  
Secretary of State

**Entity Name:** VENEZUELAN SUNCOAST ASSOCIATION, INC.

**Current Principal Place of Business:**

16640 NORTHDAL OAKS DRIVE  
TAMPA, FL 33624

**New Principal Place of Business:**

4119 WOODLARK DRIVE  
TAMPA, FL 33624

**Current Mailing Address:**

P.O.BOX 23565  
TAMPA, FL 33623

**New Mailing Address:**

**FEI Number:** 59-3608282      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SANCHEZ, MONIPATRY  
16640 NORTHDAL OAKS DRIVE  
TAMPA, FL 33624    US

**Name and Address of New Registered Agent:**

SANCHEZ, MONIPATRY  
4119 WOODLARK DRIVE  
TAMPA, FL 33624    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: \_\_\_\_\_

05/14/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SANCHEZ, MONIPATRY  
Address: 16640 NORTHDAL OAKS DRIVE  
City-St-Zip: TAMPA, FL 33624 US

Title: D      ( ) Delete  
Name: LOPEZ, OSVALDO  
Address: 6820 ARMAND DRIVE  
City-St-Zip: TAMPA, FL 33634 US

Title: D      ( ) Delete  
Name: PINTO, GREGORIO  
Address: 3731 FAWN GROVE  
City-St-Zip: LAND O'LAKES, FL 34639 US

Title: D      ( ) Delete  
Name: SINRAM, ARNO  
Address: 4535 HAMPSHIRE ROAD  
City-St-Zip: TAMPA, FL 33634 US

Title: D      ( ) Delete  
Name: RICHE, PAUL  
Address: 11835 HICKORYNUT DR.  
City-St-Zip: TAMPA, FL 33625 US

Title: D      (X) Delete  
Name: VELIZ, JUAN C  
Address: 4302 GULFWINDS DRIVE  
City-St-Zip: LUTZ, FL 33558 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: SANCHEZ, MONIPATRY  
Address: 4119 WOODLARK DRIVE  
City-St-Zip: TAMPA, FL 33624 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONIPATRY SANCHEZ

D

05/14/2006

Electronic Signature of Signing Officer or Director

Date