

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-23-2005 90074 034 ****61.25

DOCUMENT # N02000002243 1. Entity Name SUNCOAST MEADOWS MASTER ASSOCIATION, INC.			
Principal Place of Business 4902 EISENHOWER BLVD SUITE 380 TAMPA, FL 33634		Mailing Address 4902 EISENHOWER BLVD SUITE 380 TAMPA, FL 33634	
2. Principal Place of Business 777 S. Harbour Island Blvd.		3. Mailing Address 777 S. Harbour Island Blvd.	
Suite, Apt. #, etc. Suite 270		Suite, Apt. #, etc. Suite 270	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33602		Zip 33602	
Country US		Country US	
4. FEI Number 02-0606670		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALENTI, BETTY D 4902 EISENHOWER BLVD, SUITE 380 TAMPA, FL 33634		7. Name and Address of New Registered Agent Name Condominium Associates Street Address (P.O. Box Number is Not Acceptable) 777 S. Harbour Island Blvd. Suite 270 City Tampa FL Zip Code 33602	
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 Kathy Bramhall, LCAM Signature, typed or printed name of registered agent and file if applicable.		DATE 1/5/05 (NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD VALENTI, BETTY D 4902 EISENHOWER BLVD., SUITE 380 TAMPA, FL 33634	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NADER, DAVID 5402 BEAUMONT CENTER BLVD., SUITE 1050 TAMPA, FL 33634	☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WINNERMARK, KATE 4902 EISENHOWER BLVD., SUITE 100 TAMPA, FL 33634	☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Betty Valenti 5439 Beaumont Center Blvd., Suite 1050 Tampa, FL 33634	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Bill Kouwenhoven 4902 Eisenhower Blvd., Suite 380 Tampa, FL 33634	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Suey Eichler 4902 Eisenhower Blvd., Suite 380 Tampa, FL 33634	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition	
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: Bill Kouwenhoven SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 1/11/05 813-209-9300 Date Daytime Phone #	

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