


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90001 041 ****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 600 - N. Westshore Blvd Suite, Apt. #, etc. #400 City & State Tampa, FL Zip 33609 County Hillsb.		3. Mailing Address 777 - S. Harbour Island Blvd Suite, Apt. #, etc. #270 City & State Tampa, FL Zip 33602 County Hillsb.	
4. FEI Number 02-0606670		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 777 S. HARBOUR ISLAND BLVD. SUITE 270 TAMPA, FL 33602		7. Name and Address of New Registered Agent 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 <u>Kathy Bramhall</u> DATE <u>1/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VP NAME VALENTI, BETTY STREET ADDRESS 5439 BEAUMONT CENTER BLVD SUITE 1050 CITY-ST-ZIP TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete	TITLE V NAME Michael Cachon STREET ADDRESS 600 - N. Westshore Blvd #400 CITY-ST-ZIP Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME KOUWENHOVEN, BILL STREET ADDRESS 4902 EISENHOWER BLVD SUITE 380 CITY-ST-ZIP TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete	TITLE ST NAME KEVIN Klarkowski STREET ADDRESS 600 - N. Westshore Blvd #400 CITY-ST-ZIP Tampa, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME EICHHPH DUSKY STREET ADDRESS 4902 EISENHOWER BLVD SUITE 380 CITY-ST-ZIP TAMPA, FL 33634	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Kevin M. Klarkowski</u> DATE <u>1/9/06</u> (A13) 901-5263 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			