


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90044 009 ****61.25

DOCUMENT # N02000002243 1. Entity Name SUNCOAST MEADOWS MASTER ASSOCIATION, INC.					
Principal Place of Business 600 N WESTSHORE BLVD SUITE 400 TAMPA, FL 33609			Mailing Address 24646 STATE RD. 54 SUITE 102 LUTZ, FL 33559		
2. Principal Place of Business - No P.O. Box # 24646 State Rd. 54 Suite, Apt. #, etc. Suite 102			3. Mailing Address Suite, Apt. #, etc. 		
City & State Lutz, Florida			City & State 		
Zip 33559		Country US		Zip 	
Country 		Country 		4. FEI Number 02-0606670	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 264646 STATE RD. 54 SUITE 102 LUTZ, FL 33559			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>		
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, CMCA, AMS Kathy Bramhall 1/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	V CACHON, MICHAEL 600 N. WESTSHORE BLVD., 400 TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Gil Livingstone 24646 St. Rd. St, Suite 102 Lutz, FL 33559
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VALENTI, BETTY 5439 BEAUMONT CENTER BLVD., 1050 TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Chris Kelley 24646 State Rd St, Suite 102 Lutz, FL 33559
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EICHHOLT, DUSTY 4902 EISENHOWER BLVD SUITE 380 TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Lonnie Dixon 24646 State Rd St, Suite 102 Lutz, FL 33559
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer merwin Herman 24646 State Rd St, Suite 102 Lutz, FL 33559
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Don Actis 24646 State Rd St, Suite 102 Lutz, FL 33559
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/9/08 813-341-0943 <small>Date Daytime Phone #</small>	