

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002243

FILED
Jan 20, 2009
Secretary of State

Entity Name: SUNCOAST MEADOWS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

24646 STATE RD ST
SUITE 102
LUTZ, FL 33559

New Principal Place of Business:

24646 STATE RD 54
SUITE 102
LUTZ, FL 33559

Current Mailing Address:

24646 STATE RD. 54
SUITE 102
LUTZ, FL 33559

New Mailing Address:

FEI Number: 02-0606670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
264646 STATE RD. 54
SUITE 102
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIVINGSTONE, GIL
Address: 24646 ST RD 54 SUITE 102
City-St-Zip: LUTZ, FL 33559

Title: VP () Delete
Name: KELLEY, CHRIS
Address: 24646 ST RD SUITE 102
City-St-Zip: LUTZ, FL 33559

Title: S () Delete
Name: DIXON, LONNIE
Address: 24646 ST RD ST SUITE 102
City-St-Zip: LUTZ, FL 33559

Title: T () Delete
Name: HERMAN, MERWIN
Address: 24646 STATE RD ST SUITE 102
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: ACTIS, DON
Address: 24646 STATE RD ST, SUITE 102
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: GIL LIVINGSTONE

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date