

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000155	
1. Entity Name SUNCOAST POINTE HOMEOWNERS ASSOCIATION, INC.	
Principal Place of Business 325 SOUTH BLVD TAMPA, FL 33606	Mailing Address 15500 ROOSEVELT BLVD. SUITE 303 CLEARWATER, FL 33760



04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1648828	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JAMES, JUDITH L 325 SOUTH BLVD TAMPA, FL 33606	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (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

000000344254
04/29/05-80129-021 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYDON, ROGERS K JR 15500 ROOSEVELT BLVD STE 303 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON, ROBERT 3802A GUNN HWY TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONTON, LANCE 3802A GUNN HWY TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGERS K. HAYDON, JR. 4/13/05 127-539-0777
Date Daytime Phone #