

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Apr 27, 2006 08:00 AM
Secretary of State



01232006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
16-1648828

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JAMES, JUDITH L
325 SOUTH BLVD
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000538021
05/09/06-80024-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] ROGERS HAYDON

4/27/06

727.539.0777