

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90021 031 ****61.25

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03232007 Chg-NP CR2E037 (12/06)

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address STERLING MANAGEMENT SVCS. 2870 SCHERER DR. N. #100 ST. PETERSBURG, FL 33716 PINECLAS			
City & State TAMPA, FL		City & State ST. PETERSBURG, FL		4. FEI Number 16-1648828	
Zip 33606		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, JUDITH L 325 SOUTH BLVD TAMPA, FL 33606			7. Name and Address of New Registered Agent Name RONALD COTTERILL Street Address (P.O. Box Number is Not Acceptable) 1010 N. FLORIDA AVE City TAMPA FL Zip Code 33602		
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 DATE 3/19/2007 <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, 2007		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	D HAYDON, ROGERS K JR 15500 ROOSEVELT BLVD STE 303 CLEARWATER, FL 33760	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON, ROBERT 3802A GUNN HWY TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONTON, LANCE 3802A GUNN HWY TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:			3/22/2007 727-299-9555 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					