

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000155

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** SUNCOAST POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

325 SOUTH BLVD  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

STERLING MANAGEMENT SVCS  
2870 SCHERER DR N. #100  
SAINT PETERSBURG, FL 33716

**New Mailing Address:**

**FEI Number:** 16-1648828      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COTTERILL, RONALD  
1010 N. FLORIDA AVE  
TAMPA, FL 33602 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: FLISS, GREG  
Address: 2729 MINGO DR  
City-St-Zip: LAND O'LAKES, FL 34638

Title: V ( ) Delete  
Name: HUTT, LORA  
Address: 2816 MINGO DR  
City-St-Zip: LAND O LAKES, FL 34638

Title: S ( ) Delete  
Name: IDALMIS, VEGA  
Address: 2728 HEATH GASE WAY  
City-St-Zip: LAND O LAKES, FL 34638

Title: T ( ) Delete  
Name: WILLIAMS, JULIA  
Address: 17227 ODESSA DR  
City-St-Zip: LAND O LAKES, FL 34638

Title: D ( ) Delete  
Name: LATIF, ED  
Address: 2722 HEALTHGATE  
City-St-Zip: LAND O LAKES, FL 34638

Title: D ( ) Delete  
Name: YANUZZECI, ERICA  
Address: 3614 FYFIELD CT  
City-St-Zip: LAND O LAKES, FL 34638

**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:

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: GAIL KNIGHT

MGR

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date