2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N05000012153

Entity Name: SUNCOAST TRAIL ADVISORY GROUP, INC.

Current Principal Place of Business:

9201 W. WATERS AVE
TAMPA, FL 33635 US

New Principal Place of Business:

Current Mailing Address:

9201 W. WATERS AVE
TAMPA, FL 33635 US

New Mailing Address:

FEI Number: 33-1338460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSO, TINA A
9201 W. WATERS AVE
TAMPA, FL 33635 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: PD ( ) Delete
Name: RUSSO, TINA
Address: 9201 W. WATERS AVE.
City-St-Zip: TAMPA, FL 33635

Title: VD ( ) Delete
Name: NOLL, JONATHAN
Address: 12403 EVERARD DR.
City-St-Zip: SPRING HILL, FL 34609

Title: SD ( ) Delete
Name: HURLEY, JOANNE
Address: P.O. BOX 1409
City-St-Zip: LAND O'LAKES, FL 34639

Title: TD ( ) Delete
Name: DIEZ, STEVE
Address: 20 N. MAIN ST, RM 262
City-St-Zip: BROOKSVILLE, FL 34601

Title: D ( ) Delete
Name: JAY, DAVID
Address: 16739 CREWS LAKE DR.
City-St-Zip: SPRING HILL, FL 34610

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: TINA A RUSSO PD 03/23/2009

Electronic Signature of Signing Officer or Director — Date