

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000012872

1. Entity Name
SUNCOAST SQUARES, INC.



Principal Place of Business
**8297 31ST TERRACE NORTH
ST PETERSBURG, FL 33710-2205**

Mailing Address
**8297 31ST TERRACE NORTH
ST PETERSBURG, FL 33710-2205**



02252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0527150

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**O'GRADY, JOHN
8297 31ST TERRACE NORTH
ST PETERSBURG, FL 33710-2205**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	O'GRADY, JOHN
STREET ADDRESS	8297 31ST TERRACE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 337102205
TITLE	VS
NAME	RITTER, ROGER
STREET ADDRESS	2368 DESOTO WAY S
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	T
NAME	VOGELSANG, STEVEN
STREET ADDRESS	3572 HAINES ROAD N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80034-025 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:

John J. O'Grady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. O'GRADY

3/20/08 (127)343-

Date

Daytime Phone # **8466**