2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# N07000002335

Entity Name: SUNCOAST MEADOWS PROFESSIONAL CENTER OWNER'S ASSOCIATION INC.

Current Principal Place of Business:

18936 N DALE MABRY HWY
LUTZ, FL 33558

New Principal Place of Business:

18936 N DALE MABRY HWY
LUTZ, FL 33548

Current Mailing Address:

18936 N DALE MABRY HWY
LUTZ, FL 33558

New Mailing Address:

PO BOX 128
ODESSA, FL 33556

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWELL, KEVIN E JR
18936 N DALE MABRY HWY
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

HOWELL, KEVIN E JR
18936 N DALE MABRY HWY
LUTZ, FL 33548 US

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: 01/17/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOWELL, KEVIN E JR
Address: 18936 N DALE MABRY HWY
City-St-Zip: LUTZ, FL 33558

Title: SD ( ) Delete
Name: HOWELL, GAILE R
Address: 18936 N DALE MABRY HWY
City-St-Zip: LUTZ, FL 33558

Title: TD ( ) Delete
Name: WAYMAN, CAROL
Address: 18936 N DALE MABRY HWY
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HOWELL, KEVIN E JR
Address: 18936 N DALE MABRY HWY
City-St-Zip: LUTZ, FL 33548

Title: SD (X) Change ( ) Addition
Name: HOWELL, GAILE R
Address: 18936 N DALE MABRY HWY
City-St-Zip: LUTZ, FL 33548

Title: TD (X) Change ( ) Addition
Name: TUTELA, DEBBIE
Address: 18936 N DALE MABRY HWY
City-St-Zip: LUTZ, FL 33548

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: KEVIN E HOWELL JR PD 01/17/2008
Electronic Signature of Signing Officer or Director — Date