

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002335

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

18936 N DALE MABRY HWY  
LUTZ, FL 33548

**New Principal Place of Business:**

19302 GUNN HIGHWAY  
ODESSA, FL 33556

**Current Mailing Address:**

PO BOX 128  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 26-4694289

**FEI Number Applied For ( )**

**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 33548 US

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

HOWELL, KEVIN E JR  
19302 GUNN HIGHWAY  
ODESSA, FL 33556 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: KEVIN E HOWELL JR

01/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOWELL, KEVIN E JR  
Address: 19302 GUNN HIGHWAY  
City-St-Zip: ODESSA, FL 33556

I hereby 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 all other like empowered.

SIGNATURE: KEVIN E HOWELL JR

PD

01/17/2011

Electronic Signature of Signing Officer or Director

Date