

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N14599** (7)

1. Corporation Name

THE SUNCOASTERS, INC. OF PINELLAS COUNTY



Principal Place of Business C/O ELEANOR K. SPIRES 14130 ROSEMARY LANE, APT 3301 LARGO FL 34644-2919 US		Mailing Address % ELEANOR K. SPIRES 14130 ROSEMARY LANE, APT. 3301 LARGO FL 34644-2919 US		3. Date Incorporated or Qualified 04/22/1986	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-2636056	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SPIRES, ELEANOR K. CONDO #3301 14130 ROSEMARY LANE LARGO FL 34644-2919				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	MACPHERSON, ANN				
STREET ADDRESS	12090 MEADOW BROOK LN				
CITY-ST-ZIP	LARGO FL				
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	LEIPMAN, DORIS				
STREET ADDRESS	147 BLUFF VIEW DR #103				
CITY-ST-ZIP	BELLEAIR BLUFFS FL				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	PAUL, DOLORES				
STREET ADDRESS	8940-140 ST N				
CITY-ST-ZIP	SEMINOLE FL				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	SILVERTHORNE, PAT				
STREET ADDRESS	1120 LIVEOAK CT				
CITY-ST-ZIP	CLEARWATER FL				
TITLE	ASD	<input type="checkbox"/> DELETE			
NAME	SPIRES, ELEANOR				
STREET ADDRESS	1413 ROSEMARY LN #3301				
CITY-ST-ZIP	LARGO FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	PRESIDENT				
2.2 NAME	DOLORES PAUL				
2.3 STREET ADDRESS	8940- 140th Street				
2.4 CITY-ST-ZIP	Seminole, Florida 33776				
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	VICE-PRESIDENT				
3.3 STREET ADDRESS	VIVIAN SPRAGUE				
3.4 CITY-ST-ZIP	11592 Shelly Circle				
4.1 TITLE	TREASURER				
4.2 NAME	LORETTA SCOTT				
4.3 STREET ADDRESS	2224 BELMAR ST.				
4.4 CITY-ST-ZIP	BELLEAIR BLUFFS, FLORIDA 33770				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eleanor K. Spires* - ELEANOR K. SPIRES 2/9/98 (813) 596-9747

CR2E037 (10/97)