2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2005 8:00 am Secretary of State DOCUMENT # N14599 1. Entity Name 01-28-2005 90028 038 ****61.25 THE SUNCOASTERS, INC. OF PINELLAS COUNTY Principal Place of Business Mailing Address C/O ANN V MACPHERSON C/O ANN V MACPHERSON 20007613 12090 MEADOWBROOK LANE 12090 MEADOWBROOK LANE LARGO FL 33774-3144 LARGO FL 33774-3144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2636056 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACPHERSON, ANN V Street Address (P.O. Box Number is Not Acceptable) 12090 MEADOWBROOK LANE LARGO FL 33774 City Zip Code 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 (NOTE Registered Agent signature required when reinstaling) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE Change ☐ Delete DΡ ☐ Addition MONGER, MARJORY NAME NAME Amy Coffin 5296 68TH ST NORTH STREET ADDRESS STREET ADDRESS 116 Swan Road SAINT PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33764 VP TITLE ☐ Delete **□** Change ☐ Addition COFFIN, AMY Carol Walker 116 SWAN ROAD STREET ADDRESS STREET ADDRESS 12300 Vonn Rad. #6102 CLEARWATER FL 33764 CITY-ST-ZIP CITY-ST-ZIP Largo, FL DT ☐ Delete ☐ Change ☐ Addition TITLE TITLE . TURLEY, DONNA J NAME NAME 11660 SHIPWATCH DRIVE #1446 STREET ADDRESS STREET ADDRESS **LARGO FL 33774** CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition DUNLOP, KAY NAME NAME 595 LENTZ ROAD STREET ADDRESS STREET ADDRESS BELLAIRE BLUFFS FL 33770 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DHE Change ☐ Addition MACPHERSON, ANN V NAME NAME Ann V. MacPherson 12090 MEADOWBROOK LANE STREET ADDRESS STREET ADDRESS 225 Country Club Drive, C-227 LARGO FL 33774 CITY-ST-ZIP CITY-ST-ZIP Largo, FL 33771 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. 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 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.