2005

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2005 8:00 am
Secretary of State
03-29-2005 90008 001 ****61.25

DOCUMENT # N14863

1. Entity Name
SUNCOAST NEW NEIGHBORS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Helen L. Novak	Suncoast New Neighbors
Suite, Apt. #, etc. 707 Hammock Pine Blv	Suite, Apt. #, etc. P.O. Box 2864
City & State Clearwater FL	City & State Dunedin FL
Zip 33761 Country Pinellas	Zip 34697 Country Pinellas

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2866487 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Helen L Novak
Street Address (P.O. Box Number is Not Acceptable): 707 Hammock Pine Blv.
City: Clearwater FL Zip Code: 33761

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Gilda Simpson
STREET ADDRESS	2519 Dogwood Ct
CITY-ST-ZIP	Clearwater, FL 33761
TITLE	Vice President
NAME	Joyce Bartlett
STREET ADDRESS	8718 Chadwick Dr
CITY-ST-ZIP	Tampa, FL 33635
TITLE	Secretary, (Recording)
NAME	Dorothy Ehlers
STREET ADDRESS	2450 Canadian Way #28
CITY-ST-ZIP	Clearwater FL 33760
TITLE	T
NAME	Helen L Novak
STREET ADDRESS	707 Hammock Pine Blv
CITY-ST-ZIP	Clearwater FL 33761
TITLE	D
NAME	Anna May Saunders
STREET ADDRESS	29081 US Hwy 19N #243
CITY-ST-ZIP	Clearwater FL 33761
TITLE	D
NAME	Alma Pasquale
STREET ADDRESS	1127 Royal Blv.
CITY-ST-ZIP	Palm Harbor, FL 34684

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CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 03/24/05