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

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90200 005 ****61.25

DOCUMENT # N14863

1. Entity Name
Suncoast New Neighbors, INC.

DO NOT WRITE IN THIS SPACE

40069822

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 Pne Blv	Suite, Apt. #, etc. P.O. Box 2864
City & State Clearwater FL	City & State Dunedin FL
Zip 33761 Country US Pinellas cty	Zip 34697 Country US

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

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

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7. Name and Address of Current Registered Agent

Name: Helen L. Novak
Street Address (P.O. Box Number is Not Acceptable): 707 Hammock Pn 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	P	TITLE	
NAME	Karen Holly	NAME	
STREET ADDRESS	1420 Sandalwood Dr.	STREET ADDRESS	
CITY-ST-ZIP	Dunedin, FL 34698	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Marilyn Urban	NAME	
STREET ADDRESS	9209 Seminole Blv #126	STREET ADDRESS	
CITY-ST-ZIP	Seminole FL 33772	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Patricia Burch	NAME	
STREET ADDRESS	2404 Florentine Way #26	STREET ADDRESS	
CITY-ST-ZIP	Clearwater FL 33763	CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	T	TITLE	
NAME	Dorothy Ehlers	NAME	
STREET ADDRESS	2450 Canadian Way #28	STREET ADDRESS	
CITY-ST-ZIP	Clearwater FL 33763	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Marion McIntyre	NAME	
STREET ADDRESS	2460 Canadian Way #36	STREET ADDRESS	
CITY-ST-ZIP	Clearwater FL 33763	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Alma Pasquale	NAME	
STREET ADDRESS	1127 Royal Blv	STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor FL 34684	CITY-ST-ZIP	

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: Helen L Novak 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date