


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

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90374 043 \*\*\*\*61.25

DOCUMENT #  
1. Entity Name  
*N 14863*  
*SunCoast New Neighbors, INC*



**DO NOT WRITE IN THIS SPACE**

**40085982**

2. Principal Place of Business  
*Helen L Novak*  
Suite, Apt. #, etc.  
*707 Hammock Pk Blv*  
City & State  
*Clearwater FL*  
Zip  
*33761*

3. Mailing Address  
*SunCoast New Neighbors*  
Suite, Apt. #, etc.  
*P O Box 2864*  
City & State  
*Dunedin FL*  
Zip  
*34697*

DO NOT WRITE IN THIS SPACE

4. FEI Number  
*592860487*

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

**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	NAME	STREET ADDRESS	CITY-ST-ZIP
P	<i>Anna May Saunders</i>		<i>Anna May Saunders</i>	<i>29081 US Hwy 19 N #243</i>	<i>Clearwater, FL 33761</i>
VP	<i>Jo Ann Lueders</i>		<i>Jo Ann Lueders</i>	<i>130 Pinewood Terrace</i>	<i>Safety Harbor, FL 34695</i>
	<i>Dorothy Marick</i>		<i>Dorothy Marick</i>	<i>2850 Landover DR.</i>	<i>Clearwater FL 33761</i>
	<i>Joan McNeill</i>		<i>Joan McNeill</i>	<i>1998 Hidden Lake DR.</i>	<i>Palm Harbor FL 34683</i>
	<i>Alma Pasquale</i>		<i>Alma Pasquale</i>	<i>1127 Royal Blv.</i>	<i>Palm Harbor, FL 34684</i>
	<i>Rosalie Morris</i>		<i>Rosalie Morris</i>	<i>831 Hillside DR</i>	<i>Palm Harbor FL 34684</i>

**DO NOT WRITE IN THIS SPACE**

11. 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*

*03/24/08*

CR2E037B (12/02)