


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

DOCUMENT # N14863

1. Entity Name
SUNCOAST NEW NEIGHBORS, INC.



FILED
10 APR 19 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business <u>Helen L. Novak</u> Suite, Apt. #, etc. <u>707 Hammock Pine Blvd.</u> City & State <u>Clearwater FL</u> Zip <u>33761</u> Country <u>USA</u>		3. Mailing Address <u>Suncoast New Neighbors</u> Suite, Apt. #, etc. <u>P.O. Box 2864</u> City & State <u>Dunedin FL</u> Zip <u>34697</u> Country <u>USA</u>	
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04/20/10--01031--018 **61.25
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4. FEI Number <u>59-2866487</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE P	NAME <u>Marilyn Brophy</u>	TITLE	
STREET ADDRESS <u>3750 Darston St.</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Palm Harbor, FL 34685</u>		CITY-ST-ZIP	
TITLE VP	NAME <u>Harveda Knobel</u>	TITLE	
STREET ADDRESS <u>3871 Tarpon Pointe Circle</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Palm Harbor, FL 34684</u>		CITY-ST-ZIP	
TITLE T	NAME <u>Dorothy Merick</u>	TITLE	
STREET ADDRESS <u>2850 Landover Dr.</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Clearwater, FL 33761</u>		CITY-ST-ZIP	
TITLE S	NAME <u>Donna Thomas</u>	TITLE	
STREET ADDRESS <u>321 Fountainview Circle</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Oldsmar, FL 34697</u>		CITY-ST-ZIP	
TITLE D	NAME <u>Alma Pasquale</u>	TITLE	
STREET ADDRESS <u>1127 Royal Boulevard</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Palm Harbor, FL 34684</u>		CITY-ST-ZIP	
TITLE D	NAME <u>Rosalie Morris</u>	TITLE	
STREET ADDRESS <u>831 Hillside Drive</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Palm Harbor, FL 34683</u>		CITY-ST-ZIP	

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IN THIS SPACE**

04/20

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: Donna Thomas

DATE: 4-8-10