

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90047 001 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47703

1. Corporation Name

SUNCOAST PSYCHOANALYTIC ASSOCIATION, INC.

Principal Place of Business

1850 LEE ROAD, SUITE 103
WINTER PARK FL 32789
US

Mailing Address

1850 LEE ROAD, SUITE 103
WINTER PARK FL 32789
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

03/04/1992

4. FEI Number

59-3122501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TSIGOUNIS, STANLEY
235 S. ORANGE AVENUE
SARASOTA FL 34236-6801

10. Name and Address of New Registered Agent

81 Name Tom Haselwood

82 Street Address (P.O. Box Number is Not Acceptable)

83 1850 Lee Road Suite 103

84 City Winter Park

FL

85 Zip Code 32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0509, Florida Statutes.

SIGNATURE Tom Haselwood

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME HASELWOOD, TOM
STREET ADDRESS 1850 LEE RD., #103
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D
NAME PETERSON, POLLY
STREET ADDRESS 1304 DESOTO AVE., #100
CITY-ST-ZIP TAMPA FL 33606

TITLE D
NAME TSIGOUNIS, STAN
STREET ADDRESS 235 SOUTH ORANGE AVE
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Haselwood, Tom
1.3 STREET ADDRESS 1850 Lee RD., #103
1.4 CITY-ST-ZIP Winter Park FL 32789

2.1 TITLE T/D
2.2 NAME Player, William
2.3 STREET ADDRESS 1850 Lee RD., #103
2.4 CITY-ST-ZIP Winter Park FL 32789

3.1 TITLE S/D
3.2 NAME Wiener, Eric
3.3 STREET ADDRESS 7353 W. Sandlake RD
3.4 CITY-ST-ZIP Orlando FL 32819

4.1 TITLE D
4.2 NAME Petith, Monica
4.3 STREET ADDRESS 1850 Lee Rd., #103
4.4 CITY-ST-ZIP Winter Park FL 32789

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Player

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

Date

740 8080

Daytime Phone #

CR2E037 (1/98)