

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47703

FILED  
Jul 26, 2005  
Secretary of State

**Entity Name:** SUNCOAST PSYCHOANALYTIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1850 LEE ROAD, SUITE 103  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

1850 LEE ROAD, SUITE 103  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 59-3122501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PLAYER, WILLIAM  
1850 LEE ROAD, SUITE 103  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: DALSEMER, PATRICK  
Address: 1850 LEE RD., #103  
City-St-Zip: WINTER PARK, FL 32789

Title: VD ( ) Delete  
Name: PLAYER, WILLIAM  
Address: 1850 LEE ROAD 103  
City-St-Zip: WINTER PARK, FL 32789

Title: PD ( ) Delete  
Name: WIENER, ERIC  
Address: 7353 WEST SANDLAKE ROAD  
City-St-Zip: ORLANDO, FL 32819

Title: SD (X) Delete  
Name: DAVIS, LEIF  
Address: 7353 WEST SANDLAKE RD.  
City-St-Zip: ORLANDO, FL 32819

Title: VD (X) Delete  
Name: TURNER, SEAN  
Address: 1850 LEE RD. 103  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: PHILLIPS, LAURIE  
Address: 1850 LEE RD., #103  
City-St-Zip: WINTER PARK, FL 32789

Title: S (X) Change ( ) Addition  
Name: PLAYER, WILLIAM  
Address: 1850 LEE ROAD 103  
City-St-Zip: WINTER PARK, FL 32789

Title: P (X) Change ( ) Addition  
Name: WILLBUR, DEBBIE  
Address: 2150 PARK AVENUE NORTH  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE PHILLIPS

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07/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date