

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002426**

1. Entity Name  
**SUNCOAST INDUSTRIAL PARK PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**1980 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34448**

Mailing Address  
**20495 BEALS CHAPEL RD  
LENOIR CITY, TN 37772 US**



01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3209169**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**STERCHI, GEORGE L  
1980 S SUNCOAST BLVD  
HOMOSASSA, FL 34448**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STERCHI, GEORGE L
STREET ADDRESS	20495 BEALS CHAPEL RD.
CITY-ST-ZIP	LENOIR CITY, TN 37772
TITLE	D
NAME	STERCHI, GAIL G
STREET ADDRESS	20495 BEALS CHAPEL RD
CITY-ST-ZIP	LENOIR CITY, TN 37772
TITLE	D
NAME	GRIFFIN, DAVID
STREET ADDRESS	1980 S. SUNCOAST BLVD.
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80031-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George L. Sterchi*

4-4-06

(865) 986-1074

Date

Daytime Phone #