

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90003 034 ****70.00

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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**

40078691



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3684 N. Citrus Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-NP

CR2E037 (12/06)

City & State

City & State

Crystal River, FL

4. FEI Number
59-3209169

Applied For

Not Applicable

Zip

Country

Zip

Country

34428

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Daniel F. Williams, JR

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

3684 N. Citrus Ave

City

Crystal River

FL

Zip Code

34428

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)

4-20-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD
NAME STERCHI, GEORGE L
STREET ADDRESS 20495 BEALS CHAPEL RD.
CITY - ST - ZIP LENOIR CITY, TN 37772 ☒ Delete

TITLE D
NAME STERCHI, GAIL G
STREET ADDRESS 20495 BEALS CHAPEL RD
CITY - ST - ZIP LENOIR CITY, TN 37772 ☒ Delete

TITLE D
NAME GRIFFIN, DAVID
STREET ADDRESS 1980 S. SUNCOAST BLVD.
CITY - ST - ZIP HOMOSASSA, FL 34448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DANIEL F. WILLIAMS, JR.
STREET ADDRESS 3684 N. CITRUS AVENUE
CITY - ST - ZIP CRYSTAL RIVER, FL 34428 ☒ Change ☐ Addition

TITLE VPD
NAME DAVID S. FINLEY
STREET ADDRESS 3684 N. CITRUS AVE
CITY - ST - ZIP CRYSTAL RIVER, FL 34428 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ST
NAME Deborah L. Selvaggio
STREET ADDRESS 3684 N. Citrus Ave.
CITY - ST - ZIP Crystal River, FL 34428 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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

4-20-07

Date

352-795-0525

Daytime Phone #