2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000002426

1. Entity Name

SUNCOAST INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.



FILED Feb 21, 2008 08:00 AN Secretary of State

Principal Place of Business

1980 S. SUNCOAST BLVD. HOMOSASSA, FL 34448 Mailing Address

3684 N CITRUS AVE

CRYSTAL RIVER, FL 34428



DO NOT WRITE IN THIS SPACE

02202008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3209169

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DANIEL E JR 3684 N CITRUS AVE CRYSTAL RIVER, FL 34428

DO NOT WRITE IN THIS SPACE

			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 reliquating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution	sing \$5.00 May Be Added to Fees	U00000834816 02/29/08-80007-009 70.00	
10.	OFFICERS AND DIREC	TORS		02723700 03001 000 10:00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FINLEY, DAVID S 3684 N CITRUS AVE CRYSTAL RIVER, FL 34428				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, DAVID 1980 S. SUNCOAST BLVD. HOMOSASSA, FL 34448		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SELVAGGIO, DEBORAH L 3684 N CITRUS AVE CRYSTAL RIVER, FL 34428		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	•	-	and the state of t		
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					

11. Thereby certify that the information supplied with this liting does not quality for the examptions 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 opticated 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 accuracy, with all other like employered.

SIGNATURE

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

352-795-1525