
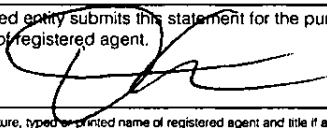
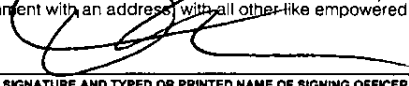


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90010 027 ****70.00

DOCUMENT # N94000001832					
1. Entity Name SUNCOAST REAL ESTATE INVESTORS ASSOCIATION, INC.					
Principal Place of Business 5700 MEMORIAL HIGHWAY STE 108 TAMPA, FL 33615 US			Mailing Address P O BOX 20326 TAMPA, FL 33622 US		
2. Principal Place of Business - No P.O. Box # 1411 N. Westshore Blvd.		3. Mailing Address Suite, Apt. #, etc. # 316			
Suite, Apt. #, etc. # 316		Suite, Apt. #, etc.			
City & State Tampa		City & State		4. FEI Number 59-3236445	
Zip 33607		Country		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MAREK, DAVID 4036 BELL GRANDE VALRICO, FL 33594			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  <i>PRESIDENT DAVID MAREK 2/1/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MAREK, DAVID PO BOX 20326 TAMPA, FL 33622	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIZZITOLA, VINCE P.O. BOX 20326 TAMPA, FL 33622	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DAVIS, BOB P.O. BOX 20326 TAMPA, FL 33622	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES COLLOVA, CHUCK P.O. BOX 20326 TAMPA, FL 33622	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Astrid Samachson 702 South Blvd., Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <i>DAVID MAREK 2/1/08 813-287-1515</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					