


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90071 020 ****61.25

DOCUMENT # N94000005996 1. Entity Name SUNCOAST MANOR OWNERS' INC.			
Principal Place of Business SUNCOAST MANOR OWNERS C/O COMPREHENSIVE 10575 68TH AVE N, STE. B-3 SEMINOLE, FL 33772		Mailing Address SUNCOAST MANOR OWNERS C/O COMPREHENSIVE 10575 68TH AVE N, STE. B-3 SEMINOLE, FL 33772	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		04262007 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-2499171 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAHAM, DONALD 10575 68TH AVE N STE. B-3 ST PETERSBURG, FL 33772		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 TD NAME SLATTERY, BRENDA STREET ADDRESS 7490 46THJ AVE N 303 CITY-ST-ZIP SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete	TITLE D NAME GREET, Phyllis STREET ADDRESS 7490 46th Ave N #104 CITY-ST-ZIP ST PETERSBURG FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME STENBERG, JOHN STREET ADDRESS 7490 46TH AVE N, #213 CITY-ST-ZIP ST. PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE D NAME Kujan, Douglas STREET ADDRESS 7490 46th Ave N #123 CITY-ST-ZIP ST PETERSBURG FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME MILLER, DONALD STREET ADDRESS 7490 46TH AVE N. 109 CITY-ST-ZIP ST. PETERSBURG, FL 33709	<input type="checkbox"/> Delete	TITLE D NAME Jones, Norma STREET ADDRESS 1219 McKimmy Drive CITY-ST-ZIP Beaverton - mi 48612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME KETZET, RALPH STREET ADDRESS 7490 46TH AVE. N. # 208 CITY-ST-ZIP SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BENATTO, MARIA STREET ADDRESS 7490 46TH AVE N 110 CITY-ST-ZIP ST. PETERSBURG, FL 33709	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NAPEOT, MALCOLM STREET ADDRESS 7490 46TH AVE 218 CITY-ST-ZIP SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete		<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>Constance R. Miller</i>		Date: 4/27/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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