


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90150 007 \*\*\*\*61.25

<b>DOCUMENT # N94000005996</b>					
1. Entity Name <b>SUNCOAST MANOR OWNERS' INC.</b>					
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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03172008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2499171</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAHAM, DONALD 10575 68TH AVE N STE. B-3 ST PETERSBURG, FL 33772				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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLATTERY, BRENDA		NAME	<i>d/vp Jones, Norma</i>	
STREET ADDRESS	7490 46THJ AVE N 303		STREET ADDRESS	<i>7490 46th Ave N</i>	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP	<i>St Petersburg, FL 33709</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREER, PHYLLIS		NAME		
STREET ADDRESS	7490 46TH AVE. #104		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, DONALD		NAME		
STREET ADDRESS	7490 46TH AVE N. 109		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	TD <sup>P</sup>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KETZET, RALPH		NAME		
STREET ADDRESS	7490 46TH AVE. N. # 208		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENATTO, MARIA		NAME		
STREET ADDRESS	7490 46TH AVE N 110		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	D/S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUHAR, DOUGLAS		NAME		
STREET ADDRESS	7490 46TH AVE. N #113		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP		
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>Donald R Miller</i>				Date: <i>4/18/2008</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	