

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000127 (9)

1. Corporation Name

SUNCOAST OFFICE PARK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3280 TAMiami TRAIL  
SUITE 20  
PORT CHARLOTTE FL 33952

3280 TAMiami TRAIL  
SUITE 20  
PORT CHARLOTTE FL 33952-8086



3. Date incorporated or Qualified 01/10/1995  
3a. Date of Last Report 08/14/1996

4. FEI Number NOT APPLICABLE  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKINLEY, MICHAEL R  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE FL 33948

81 Name Stephen Chiarello  
82 Street Address (P.O. Box Number is Not Acceptable) 294 FIELDS TERRACE  
83  
84 City Port Charlotte FL 85 Zip Code 33952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [Signature] DATE 4/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, WILLIAM J	1.2 NAME	
STREET ADDRESS	P.O. BOX 1255 (N/A)	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIARELLO, STEVEN	2.2 NAME	CHIARELLO, Stephen
STREET ADDRESS	3280 TAMiami TRAIL, STE. 20	2.3 STREET ADDRESS	294 FIELDS TERRACE
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	2.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIARELLO, PAT	3.2 NAME	CHIARELLO PATRICIA
STREET ADDRESS	3280 TAMiami TRAIL, STE. 20	3.3 STREET ADDRESS	294 FIELDS TERRACE
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	3.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)