2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N95000000127

Entity Name: SUNCOAST OFFICE PARK PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2484 CARING WAY
SUITE D
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

2300 LOVELAND BLVD
SUITE 1
PORT CHARLOTTE, FL 33980

Current Mailing Address:

2484 CARING WAY
SUITE D
PORT CHARLOTTE, FL 33952

New Mailing Address:

2300 LOVELAND BLVD
SUITE 1
PORT CHARLOTTE, FL 33980

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEEKIN, JOHN C ESQ.
21202 OLEAN BLVD.
SUITE C-2
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: OD ( ) Delete
Name: BRIGNONI, ANTHONY M.D.
Address: 2484 CARING WAY, SUITE D
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD (X) Change ( ) Addition
Name: BRIGNONI, ANTHONY M.D.
Address: 2300 LOVELAND BLVD STE1
City-St-Zip: PORT CHARLOTTE, FL 33980

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY BRIGNONI, MD OD 02/10/2009

Electronic Signature of Signing Officer or Director — Date