

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000724

FILED
Mar 13, 2008
Secretary of State

Entity Name: SUNCOAST WATERWORKS, INC.

Current Principal Place of Business:

1310 DOROTHY DRIVE
CLEARWATER, FL 34642 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1464
LARGO, FL 337791464 US

New Mailing Address:

FEI Number: 59-3298360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULK, KAREN
1310 DOROTHY LANE
CLEARWATER, FL 33764 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: V () Delete
Name: ORSAGOS, TAMMY
Address: 804 MARK DR
City-St-Zip: CLEARWATER,, FL 337756

Title: PD () Delete
Name: GOYACK, ANNE MARIE
Address: 3317 SAN PEDRO
City-St-Zip: CLEARWATER, FL 33759

Title: T () Delete
Name: DUNWODY, DEAN
Address: 13960 88TH AVE. N.
City-St-Zip: SEMINOLE, FL 33776

Title: DIR () Delete
Name: COMERFORD, SUSAN G
Address: 1408 7TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: S () Delete
Name: DUNWODY, KAREN
Address: 13960 88TH AVE. N.
City-St-Zip: SEMINOLE, FL 33776

Title: DIR (X) Delete
Name: PAULK, DIANA
Address: 1310 DOROTHY LN
City-St-Zip: CLEARWATER,, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ORSAGOS, TAMMY
Address: 804 MARK DR
City-St-Zip: CLEARWATER,, FL 337756

Title: V (X) Change () Addition
Name: FOREITT, KAREN
Address: P.O. BOX 373
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: T (X) Change () Addition
Name: BRENNAN, KATHERINE
Address: 255 INDIAN ROCKS RD N
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BELL, LINDA
Address: 14450 BAY HILLS
City-St-Zip: SEMINOLE, FL 33774

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN COMERFORD

DIR

03/13/2008

Electronic Signature of Signing Officer or Director

Date