2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N96000006291

Entity Name: SUNCOAST GOLF COURSE SUPT. ASSN., INC.

Current Principal Place of Business:

47 MEDALIST CT.
ROTONDA WEST, FL 33947 US

New Principal Place of Business:

Current Mailing Address:

47 MEDALIST CT.
ROTONDA WEST, FL 33947 US

New Mailing Address:

FEI Number: 59-2506777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INNES, JENNIFER
1296 NE OCEANVIEW CIR.
JENSEN BEACH, FL 34957 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: VPD ( ) Delete
Name: WAGNER, BOB
Address: 13111 GASPARILLA RD.
City-St-Zip: PLACIDA, FL 33946 US

Title: PD ( ) Delete
Name: TYDE, BILL
Address: PO BOX 266
City-St-Zip: LAUREL, FL 34272 US

Title: TD ( ) Delete
Name: STROTHER, JEFF
Address: 47 MEDALIST CT.
City-St-Zip: ROTONDA WEST, FL 33947

Title: SD ( ) Delete
Name: TODD, MARK
Address: 990 UPPER MANATEE RIVER RD.
City-St-Zip: BRADENTON, FL 34212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JEFF STROTHER TD 04/17/2009

Electronic Signature of Signing Officer or Director — Date