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FILE NOW: FILING FEE IS \$61.25

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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003638 (0)**

1. Corporation Name

SUNCOAST GOLF COURSE ASSOCIATION, INC.



Principal Place of Business 3101 LONGMEADOW SARASOTA FL 34235	Mailing Address 3101 LONGMEADOW SARASOTA FL 34235
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3. Date Incorporated or Qualified 06/24/1997
4. FEI Number
Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 9000 GATOR CREEK DRIVE Suite, Apt. #, etc. 22 9000 GATOR CREEK DRIVE City & State 23 SARASOTA FL 34241 Zip 24 34241	2a. Mailing Address 25 9000 GATOR CREEK DRIVE Suite, Apt. #, etc. 26 9000 GATOR CREEK DRIVE City & State 27 SARASOTA FL Zip 28 34241
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WATSON, DAVID S 240 S. PINEAPPLE AVE., 9TH FL. SARASOTA FL 34236	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LINDA TALBOT
STREET ADDRESS	7200 PROCTOR ROAD
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	SD
NAME	LINDA TALBOT
STREET ADDRESS	7200 PROCTOR ROAD
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	TD
NAME	DON E POLLARD
STREET ADDRESS	9000 GATOR CREEK DR
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	VP
NAME	JIM OWEN
STREET ADDRESS	6773 SERENOA DR
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V1
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PE 323
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE **DON E POLLARD** **1-23-98 941924 1111**

CR2E037 (10/97)