

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003638

1. Entity Name
SUNCOAST GOLF COURSE ASSOCIATION, INC.



Principal Place of Business
**9000 GATOR CREEK DRIVE
SARASOTA, FL 34241**

Mailing Address
**9000 GATOR CREEK DRIVE
SARASOTA, FL 34241**



01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WATSON, DAVID S
240 S. PINEAPPLE AVE., 9TH FL.
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000132580
04/27/04-80053-012 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PDSO
NAME	TALBOT, LINDA
STREET ADDRESS	3705 TORREY PINE BLVD
CITY - ST - ZIP	SARASOTA, FL 34238

TITLE	TD
NAME	FITZGERALD, LEO
STREET ADDRESS	9000 GATOR CREEK DR
CITY - ST - ZIP	SARASOTA, FL 34241

TITLE	VPD
NAME	NORTON, ROBERT
STREET ADDRESS	4409 T P C DRIVE
CITY - ST - ZIP	SARASOTA, FL 34238

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #