2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002735

City-St-Zip:

Entity Name: SUNCOAST SPORTS CLUB, INC.

FILED Feb 11, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
P.O. BOX 5 SARASOTA	849 A, FL 34277				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O. BOX 5849 SARASOTA, FL 34277					
FEI Number:	65-0882658	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
BROWNING, JR., ROBERT W ESQ. 1800 SECOND STREET SUITE 888 SARASOTA, FL 34236 US			ONE NORTH TUTTLE	BROWNING, JR., ROBERT W ESQ. ONE NORTH TUTTLE SARASOTA, FL 34237 US	
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:				02/11/2005	
	Electronic	Signature of Registered Ager	t	Date	
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGE	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title: Name:	DP () E	Delete EN	Title: (Name:) Change () Addition	

Address: PO BOX 5849 Address: City-St-Zip: SARASOTA, FL 34277 City-St-Zip: Title: () Delete Title: DVP (X) Change () Addition WEEKS, CURTIS WEEKS, KIM W Name: Name: 2455 BROWNING ST Address: Address: P.O.BOX5849 City-St-Zip: SARASOTA, FL 34237 City-St-Zip: SARASOTA, FL 34277 Title: () Delete Title: () Change () Addition SANSING, ELEANOR Name: Name: 2455 BROWNING ST Address: Address: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

PRES SIGNATURE: STEPHEN D. WEEKS 02/11/2005