

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000047262

1. Entity Name

SUNCOAST MANUFACTURED HOME REALTY INC.



Principal Place of Business

12077 SEMINOLE BLVD  
LARGO, FL 33778

Mailing Address

12077 SEMINOLE BLVD  
LARGO, FL 33778



04012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	59-3646236	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NAGEL, MAGALI  
1909 RIDGE WOOD DRIVE  
CLEARWATER, FL 33763

**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 remaining)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

UN0000506129  
04/27/06-80010-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRANDNER, YOLANDO D
STREET ADDRESS	7100 ULMERTON ROAD, #354
CITY-ST-ZIP	CLEARWATER, FL 33771
TITLE	S
NAME	BRANDNER, GUENTER D
STREET ADDRESS	7100 ULMERTON ROAD
CITY-ST-ZIP	CLEARWATER, FL 33771
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 exemptions contained 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 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 607, 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: Yolande D Brandner Yolande D Brandner 4-9-06 727-422-1690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone