2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P97000006980

Entity Name: SUNCOAST ASSOCIATION MANAGEMENT, INC.

Current Principal Place of Business:

12273 U.S. HWY 98
STE 208
DESTIN, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

C/O SUNCOAST ASSOCIATION MANAGEMENT
12273 U.S. HWY 98, STE. 208
DESTIN, FL 32550 US

New Mailing Address:

FEI Number: 59-3421232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, WALTER D
12273 U.S. HWY 98, STE. 208
DESTIN, FL 32541

Name and Address of New Registered Agent:

SCOTT, WALTER D
12273 U.S. HWY 98, STE. 208
DESTIN, FL 32550

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: _____ 04/29/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCOTT, WALTER D
Address: 12273 U.S. HWY 98, STE. 208
City-St-Zip: DESTIN, FL 32541

Title: STD ( ) Delete
Name: SCOTT, PATRICIA I
Address: 12273 U.S. HWY 98, STE. 208
City-St-Zip: DESTIN, FL 32541

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCOTT, WALTER D
Address: 12273 U.S. HWY 98, STE. 208
City-St-Zip: DESTIN, FL 32550

Title: STD (X) Change ( ) Addition
Name: SCOTT, PATRICIA I
Address: 12273 U.S. HWY 98, STE. 208
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Change (X) Addition
Name: COWELL, JAMES D
Address: 200 SANDESTIN LANE #302
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Change (X) Addition
Name: GAGE, CYNTHIA L
Address: 4209 BOXWOOD ROAD
City-St-Zip: RALEIGH, NC 27612

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA I. SCOTT STD 04/29/2004
Electronic Signature of Signing Officer or Director — Date