

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000006980

1. Entity Name
SUNCOAST ASSOCIATION MANAGEMENT, INC.



Principal Place of Business

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

Mailing Address

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



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3421232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000294521
04/08/05-80073-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCOTT, WALTER D
STREET ADDRESS 12273 U.S. HWY 98, STE. 208
CITY-ST-ZIP DESTIN, FL 32550

TITLE STD
NAME SCOTT, PATRICIA I
STREET ADDRESS 12273 U.S. HWY 98, STE. 208
CITY-ST-ZIP DESTIN, FL 32550

TITLE D
NAME COWELL, JAMES D
STREET ADDRESS 200 SANDESTIN LANE #302
CITY-ST-ZIP DESTIN, FL 32550

TITLE D
NAME GAGE, CYNTHIA L
STREET ADDRESS 4209 BOXWOOD ROAD
CITY-ST-ZIP RALEIGH, NC 27612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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: *Patricia I. Scott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA I. SCOTT

Date

4/4/05 (82)654-9071

Daytime Phone #