

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90038 027 ***150.00

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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

40014098



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3421232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEIRER, WALTER
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME LEIRER, WALT
STREET ADDRESS 12273 US HWY 98 STE 208
CITY-ST-ZIP DESTIN, FL 32550

TITLE VP LEIRER
NAME LEIRER BRENDA
STREET ADDRESS 12273 US HWY 98 STE 208
CITY-ST-ZIP DESTIN, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1, 23, 8(850) 54, 9071