## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075263 (8)

SUNCOAST RETIREMENT VILLAGE, INC.

Principal Place of Business	Mailing Address
7211 BEACON WOODS DRIVE BAYONET POINT FL 34867	7211 BEACON W BAYONET POINT
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## FILED May 08 1998 8:00am Secretary of State



OODS DRIVE FL 34667 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1997 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip B. This corporation owes or has paid the current year Intangible Yes ☐ No 24 Personal Property Tax due June 30. 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 ALTMAN, PETER A **5715 MAIN STREET** 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34652** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered against and trie if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ■ Addition TITLE 1.1 TITLE KENNEDY, JOHN BERNARD NAME 1.2 NAME 7211 BEACON WOODS DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BAYONET POINT FL 34667** CITY-ST-ZIP 1.4 CITY-ST-ZIP DVPT DELETE Change Addition 2.1 TITLE TITLE **NEAL, HAROLD** NAME 2.2 NAME 7211 BEACON WOODS DRIVE STREET ADDRESS 2.3 STREET ADDRESS **BAYONET POINT FL 34667** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CHTY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 THILE Change TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on a cattachment with an address. KEUNEDV