

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90198 020 ***150.00

DOCUMENT # P98000031225

1. Entity Name
SUNCOAST BANCORP, INC.



Principal Place of Business
**8592 POTTER PARK DR
STE 200
SARASOTA, FL 34238 US**

Mailing Address
**8592 POTTER PARK DR
STE 200
SARASOTA, FL 34238 US**

60030407



04262006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0827141

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STAFFORD, JOHN T
8592 POTTER PARK DR
STE 200
SARASOTA, FL 34238**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME STAFFORD, JOHN T
STREET ADDRESS 8592 POTTER PARK DR STE 200
CITY-ST-ZIP SARASOTA, FL 34238

TITLE ☐ Change ☒ Addition
NAME **Carry Berberich**
STREET ADDRESS **8206 Quail Greens Terrace**
CITY-ST-ZIP **Bradenton FL 34212**

TITLE VST ☐ Delete
NAME GNERRE, WILLIAM F
STREET ADDRESS 511 W LAKE DR
CITY-ST-ZIP SARASOTA, FL 34232

TITLE ☐ Change ☒ Addition
NAME **Dr Stanley Williams**
STREET ADDRESS **1735 Landings way**
CITY-ST-ZIP **Sarasota FL 34231**

TITLE V ☐ Delete
NAME WILKS, JOHN S
STREET ADDRESS 416 PARK TRACE BLVD
CITY-ST-ZIP OSPREY, FL 34229

TITLE ☐ Change ☒ Addition
NAME **Roy Yahrays**
STREET ADDRESS **4057 Redbird Circle**
CITY-ST-ZIP **Sarasota FL 34231**

TITLE D ☐ Delete
NAME BLACK, HENRY DR
STREET ADDRESS 7561 FAIRWAY WOODS
CITY-ST-ZIP SARASOTA, FL 34238

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FOXWORTHY, H R
STREET ADDRESS 7200 CHAMELEON WAY
CITY-ST-ZIP SARASOTA, FL 34241

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUTLEDGE, JAMES C
STREET ADDRESS 711 MANGROVE PT RD
CITY-ST-ZIP SARASOTA, FL 34242

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **John Wilks** 4-26-06 941-744-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #