


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90165 041 ****61.25

DOCUMENT # N02000009963

1. Entity Name
INVERNESS AT SUN CITY CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**24301 WALDEN CENTER DRIVE
 BONITA SPRINGS, FL 34134**

Mailing Address
**2020 CLUBHOUSE DRIVE
 SUN CITY CENTER, FL 33573**

50047359



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01252005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
27-0048966

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**HASTINGS, VIVIEN N
 24301 WALDEN CENTER DRIVE
 BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent

**Law Offices of James R. De Furio, P.A.
 201 East Kennedy Boulevard
 Suite 1460
 Tampa, Florida 33602**

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, and accepts the obligations of registered agent.

SIGNATURE  **4-12-05**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD BEYER, R.C. JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE NAME	STD KEITH, SYLVIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE NAME	VD PETERSON, DALE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5041 INVERNESS GREENS DR.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD Cooper, Stan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2061 Inverness Greens Drive	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE NAME	VPD Dienna, Joseph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2019 Inverness Greens Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE NAME	SD Ingenito, Gennaro	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1917 Inverness Greens Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE NAME	TD Bergmoser, Doug	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1908 Inverness Greens Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE NAME	D Green, Ida	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2044 Inverness Greens Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 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 617, 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 #