## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # N02000009963 1. Entity Name INVERNESS AT SUN CITY CENTER CONDOMINIUM



**FILED** 

May 01, 2006 8:00 am Secretary of State

633 646

05-01-2006 90319 003 \*\*\*\*61.25

40071679

Principal Place of Business

SIGNATURE:

ASSOCIATION, INC.

Mailing Address

	DEN CENTER DRIVE INGS, FL 34134		CITY CENTER, FL :				: I IBRIKIDI BIN BINKB	IISIK SARA BANI BAIN BAR	11 <b>8 3 15 1</b>	N INGIN BITEN (11	
2. Principal P	lace of Business	3. Mai	ling Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				02022006 Chg-NP CR2E037 (11/05)				
City & State		Ci	City & State				4. FEI Number Applied For 27-0048966 Not Applicable				
Zip	Country		0	untry		5. Certificate of St	_ \$9.75 Additional				
	6. Name and Address of Current	Registere	ed Agent		<u> </u>		7. Name and Add	ress of New Regis			
		Name									
LAW OFFICES OF JAMES R. DE FURIO, I 201 E. KENNEDY BLVD STE 1460						Address (	ss (P.O. Box Number is Not Acceptable)				
TAMPA, FL 33602											
	• '				City				FL	Zip Code	9
	named entity submits this statement follows of registered agent.	r the purp	oose of changing its	register	ed office o	r register	ed agent, or both, in	the State of Florida	a. I am fa	amiliar with,	and accept
	<b>3</b> %										
SIGNATURE	Signature, typed or printed name of registered agent			. D	<b></b>		) when reinstating)		DATE		
	Signature, typed or printed matte or registered agent	and five it ap	picable. (NOTE	. negistere	O vůsur zičus	ma ledosac	, when remsacing)	г	UATE		
Filing Fee is \$61.25 Due by May 1, 2006			Election Campaign Financing     Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
	Due by May 1, 2006		Trust Fund C	ontribut	IOH.	J	Added to Fees	Fiorida	Depart	ment of Si	ate
10.	OFFICERS AND DI	RECTORS		11.			Added to Fees ADDITIONS/CHANG				
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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 leport 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.