


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90048 039 ****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**

2. Principal Place of Business - No P.O. Box #
STERLING MANAGEMENT

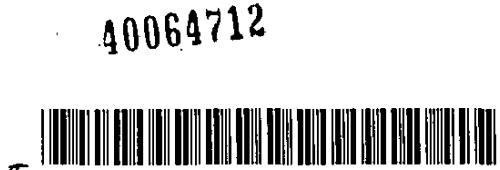
3. Mailing Address
1/0 STERLING MANAGEMENT

Suite, Apt. #, etc.
1701-B RICKENBACKER DR **1701-B RICKENBACKER**

City & State
SUN CITY CENTER FL **SUN CITY CENTER FL**

Zip
33573 **33573**

Country



02022007 Chg-NP CR2E037 (12/06)

4. FEI Number
27-0048966

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LAW OFFICES OF JAMES R. DE FURIO, P.A.
 201 E. KENNEDY BLVD
 STE 1460
 TAMPA, FL 33602**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2007**

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COOPER, STAN 2061 INVERNESS GREENS DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DIENNA, JOE 2019 INVERNESS GREEN DR. SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DIENNA, JOSEPH 2019 INVERNESS GREENS DR. SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD COHEN, LINDA 1913 INVERNESS GREEN DR. SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD INGENITO, GENNARO 1917 INVERNESS GREENS DR. SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COOPER, STAN 2061 INVERNESS GREEN SUN CITY CENTER FL 33573 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BERGMOSER, DOUG 1908 INVERNESS GREENS DR. SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COHEN, LINDA 1913 INVERNESS GREENS DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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:  **3/26/07** **642-0436**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #