


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90079 011 \*\*\*\*61.25

**DOCUMENT # N02000009963**

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



Principal Place of Business  
**STERLING MGMT  
 1701 B RICKENBACKER DR  
 SUN CITY CENTER, FL 33573**

Mailing Address  
**STERLING MGMT  
 1701 B RICKENBACKER DR  
 SUN CITY CENTER, FL 33573**

2. Principal Place of Business  
 Name **Sterling Management**  
 Street **1904 Clubhouse Drive**  
 City **Sun City Center, FL 33573**



01182008 Chg-NP CR2E037 (12/06)

3. FEI Number  
**27-0048966**

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

Applied For  
 Not Applicable

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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 STREET ADDRESS CITY-ST-ZIP	<b>D COOPER, STAN 2061 INVERNESS GREENS DR SUN CITY CENTER, FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DIENNA, JOSEPH 2019 INVERNESS GREENS DR. SUN CITY CENTER, FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD INGENITO, GENNARO 1917 INVERNESS GREENS DR. SUN CITY CENTER, FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BERGMOSER, DOUG 1908 INVERNESS GREENS DR. SUN CITY CENTER, FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP COHEN, LINDA 1913 INVERNESS GREENS DR SUN CITY CENTER, FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **President** Date 3/6/08 Daytime Phone # \_\_\_\_\_