

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17563** (0)
1. Corporation Name
SUN CITY CENTER COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O ROBERT J. PITTMAN
1009 N. PEBBLE BEACH BOULEVARD
SUN CITY CENTER FL 33573

3. Date Incorporated or Qualified **10/28/1986** 3a. Date of Last Report **03/23/1995**
4. FEI Number **59-2746620** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30
24 25 29 30

9. Name and Address of Current Registered Agent

PITTMAN, ROBERT J.
1009 N. PEBBLE BEACH BOULEVARD
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PERKINS, JOHN D.	
STREET ADDRESS	701 WOLF LAUREL DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MEIXNER, DAVE	
STREET ADDRESS	1005 AUGUSTA DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MELOY, DOROTHY	
STREET ADDRESS	708 THUNDERBIRD AVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOY, MURRELL J	
STREET ADDRESS	1106 E. DEL WEBB BLVD.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MELOY, DOROTHY	
1.3 STREET ADDRESS	708 THUNDERBIRD AVE	
1.4 CITY-ST-ZIP	SUN CITY CENTER FL	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEVEY, ARTHUR C	
2.3 STREET ADDRESS	723 FOX HILLS DR	
2.4 CITY-ST-ZIP	SUN CITY CENTER FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILSON, JANET H	
3.3 STREET ADDRESS	1926 WOLF LAUREL DR	
3.4 CITY-ST-ZIP	SUN CITY CENTER FL	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOY, MURRELL J	
4.3 STREET ADDRESS	1106 E. DEL WEBB BLVD	
4.4 CITY-ST-ZIP	SUN CITY CENTER FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)