


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17563 (0)
1. Corporation Name
SUN CITY CENTER COMMUNITY ASSOCIATION, INC.



Principal Place of Business G/O ROBERT J. PITTMAN SECCA 1009 N. PEBBLE BEACH BOULEVARD SUN CITY CENTER FL 33573	Mailing Address G/O ROBERT J. PITTMAN SECCA 1009 N. PEBBLE BEACH BOULEVARD SUN CITY CENTER FL 33573-5352
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/28/1986	3a. Date of Last Report 03/19/1996	4. FEI Number 59-2746620	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 STERLING NIGHT FIN., INC 82 Street Address (P.O. Box Number is Not Acceptable) 1301 SEMINOLE BLVD. SUITE 172 83 84 City LARGO FL 85 Zip Code 34640
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11. Pursuant to the provisions of Sections 617.0102 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]* DATE: **1/2/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MELROY, DOROTHY <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	WOLFE, WESLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	708 THUNDERBIRD AVE	1.2 NAME	2303 DEL WEBB BLVD. E
STREET ADDRESS	SUN CITY CENTER FL	1.3 STREET ADDRESS	SUN CITY CENTER, FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VPD	STEVER, ATHUR C <input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	BAUER, GEORGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	723 FOX HILLS DR	2.2 NAME	1606 PEBBLE BEACH BLVD. N
STREET ADDRESS	SUN CITY CENTER FL	2.3 STREET ADDRESS	SUN CITY CENTER, FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	MELOY, DOROTHY <input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	BERENS, DOLORES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	708 THUNDERBIRD AVE	3.2 NAME	301 LA JOLLA AVENUE
STREET ADDRESS	SUN CITY CENTER FL	3.3 STREET ADDRESS	SUN CITY CENTER, FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T	LOY, MURRELL J <input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	WILSON, JANET H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1106 E. DEL WEBB BLVD.	4.2 NAME	1926 WOLF LAUREL DRIVE
STREET ADDRESS	SUN CITY CENTER FL	4.3 STREET ADDRESS	SUN CITY CENTER, FL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE SD	WILSON, JANET H <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	1926 WOLF LAUREL DR	5.2 NAME	
STREET ADDRESS	SUN CITY CENTER FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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]*

CR2E037 (9/96)