

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

1998 FEB 17 AM 11: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---

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

Principal Place of Business SCCCA 1009 N. PEBBLE BEACH BOULEVARD SUN CITY CENTER FL 33573 US	Mailing Address SCCCA 1009 N. PEBBLE BEACH BOULEVARD SUN CITY CENTER FL 33573 US
--	--

3. Date Incorporated or Qualified <b>10/28/1986</b>	
4. FEI Number <b>59-2746620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  <b>STERLING MGMT &amp; FIN INC 1301 SEMINOLE BLVD STE 172 LARGO FL 34640</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number Is Not Acceptable) <b>400002432544--7</b> B3 -02/17/98--01041--002 B4 City <b>*****0.50 *****0.50</b> <b>FL</b> Zip Code 50
---	--

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 \_\_\_\_\_ DATE **\*\*\*\*\*8.25 \*\*\*\*\*8.25**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>WOLFE, WESLEY</b> 2303 DEL WEBB BLVD E SUN CITY CENTER FL	<input checked="" type="checkbox"/> DELETE	
TITLE <b>VP</b>	<b>BAUER, GEORGE</b> 1806 PEBBLE BEACH BLVD N SUN CITY CENTER FL	<input checked="" type="checkbox"/> DELETE	
TITLE <b>SD</b>	<b>BERENS, DOLORES</b> 301 LA JOLLA AVE SUN CITY CENTER FL	<input type="checkbox"/> DELETE	
TITLE <b>TD</b>	<b>WILSON, JANET H</b> 1926 WOLF LAUREL DR SUN CITY CENTER FL	<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	

1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>MILTON, Jerry</b>	
1.3 STREET ADDRESS <b>2301 Del Webb Blvd. E.</b>	
1.4 CITY-ST-ZIP <b>Sun City Center, FL</b>	
2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>OLSEN, Poul</b>	
2.3 STREET ADDRESS <b>1934 Grand Cypress Lane</b>	
2.4 CITY-ST-ZIP <b>Sun City Center, FL</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

**400002432544--7**  
**-02/17/98--01041--004**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

*Handwritten:* 2/17/98

14. I 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: *J. Milton* **J. MILTON** Jan. 21, 1998 813 633-3500

CR2E037 (10/97)