

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17563

1. Entity Name

SUN CITY CENTER COMMUNITY ASSOCIATION, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90044 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1009 N. PEBBLE BEACH BLVD.  
SUN CITY CENTER FL 33573  
US

1009 N. PEBBLE BEACH BLVD.  
SUN CITY CENTER FL 33573-5352  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2746620

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERLING MGMT & FIN INC

~~1301 SEMINOLE BLVD STE 172~~ 2880 Scherer Dr, Suite 840  
~~LARGO FL 34640~~ ST. PETERSBURG, FL 33716

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MILTON, JERRY  
STREET ADDRESS 2301 DEL WEBB BLVD E.  
CITY-ST-ZIP SUN CITY CENTER FL

TITLE VP ☒ Delete  
NAME TOVEY, MARY JANE  
STREET ADDRESS 1527 CHEVY CHASE DR  
CITY-ST-ZIP SUN CITY CENTER FL

TITLE SD ☒ Delete  
NAME FRAJER, DONNA  
STREET ADDRESS 1708 COCO PLAM CIRCLE  
CITY-ST-ZIP SUN CITY CENTER FL

TITLE TD ☒ Delete  
NAME WALKER, PETER H  
STREET ADDRESS 1844 WOLF LAUREL DR  
CITY-ST-ZIP SUN CITY CENTER FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition  
NAME Cawein, Walter G.  
STREET ADDRESS 736 Winterbrooke Way  
CITY-ST-ZIP Sun City Center, FL

TITLE SD ☒ Change ☐ Addition  
NAME Wheat, Paul A.  
STREET ADDRESS 2211 Westminster Manor Lane, SCC  
CITY-ST-ZIP Sun City Center, FL

TITLE TD ☒ Change ☐ Addition  
NAME Escher, C. W.  
STREET ADDRESS 632 Ft. Duquesna Drive, SCC  
CITY-ST-ZIP Sun City Center, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Jerry Milton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 17 2000

Date

Daytime Phone #

813 633-3500