

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17563

1. Entity Name

SUN CITY CENTER COMMUNITY ASSOCIATION, INC.

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90328 028 ****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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2746620

Applied For

Not Applicable

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
2880 SCHERER DR STE-840
SAINT 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
NAME MILTON, JERRY
STREET ADDRESS 2301 DEL WEBB BLVD E.
CITY-ST-ZIP SUN CITY CENTER FL

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

TITLE VP
NAME CAWEIN, WALTER G
STREET ADDRESS PO BOX 5893
CITY-ST-ZIP SUN CITY CENTER FL

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

TITLE SD
NAME WHEAT, PAUL A
STREET ADDRESS 2211 WESTMINSTER MANOR LANE, SCC
CITY-ST-ZIP SUN CITY CENTER FL

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

TITLE TD
NAME ESCHER, C W
STREET ADDRESS 632 FT DUGUESNA DR SCC
CITY-ST-ZIP SUN CITY CENTER FL

TITLE TD
NAME DYE, EARL
STREET ADDRESS 604 Deep Lake Lane
CITY-ST-ZIP Sun City Center, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 12 2002

813 633-3500

Date

Daytime Phone #

CR2E037 (9/01)