2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17563

FILED Apr 15, 2005 Secretary of State

Entity Name: SUN CITY CENTER COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:				New P	New Principal Place of Business:			
1009 N. PE SUN CITY	BBLE BEACI CENTER, FL	H BLVD. 33573	US					
Current Mailing Address:				New M	New Mailing Address:			
	BBLE BEACI CENTER, FL		US					
FEI Number:	59-2746620	FEI Nun	nber Applied For()	FEI Number Not	Applicable ()	Certificate of Status	Desired ()	
Name and	Address of	Current R	Registered Agent:	Name	and Address	of New Registered A	gent:	
1009 N. PE	CAROL R EX BBLE BEACH CENTER, FL	H BVD.	US					
The above in the State		submits t	his statement for the p	ourpose of changi	ng its registere	ed office or registered a	agent, or both,	
SIGNATUR	E:							
	Electro	nic Signat	ure of Registered Age	ent		Date		
OFFICERS AND DIRECTORS:				ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (CAWEIN, WAL 1009 N. PEBB SUN CITY CEN	LE BEACH I		Title: Name: Address: City-St-Z		() Change () Addition		
Title: Name: Address: City-St-Zip:	VPD (PERRY, LEON 1009 N. PEBB SUN CITY CEN	LE BEACH I		Title: Name: Address: City-St-Z		(X) Change () Addition BRUCE EBBLE BEACH BLVD. CENTER, FL 33573 US		
Title: Name: Address: City-St-Zip:	WHEAT, PAUL	INSTER MAI	NOR LANE,SCC 3573 US	Title: Name: Address: City-St-Z		() Change () Addition		
Title: Name: Address: City-St-Zip:	D (DEUTEL, ROB 1009 N. PEBB SUN CITY CEN	LE BEACH I		Title: Name: Address: City-St-Z		(X) Change () Addition PETER EBBLE BEACH BLVD. CENTER, FL 33573 US		
Title: Name: Address: City-St-Zip:	D (ARNOLD, BRU 1009 N. PEBB SUN CITY CEN	LE BEACH I		Title: Name: Address: City-St-Z		(X) Change () Addition ROBERT EBBLE BEACH BLVD. CENTER, FL 33573 US		
Title: Name: Address: City-St-Zip:	TD (DYE, EARL 1009 N. PEBB SUN CITY CEN			Title: Name: Address: City-St-Z		(X) Change () Addition A EBBLE BEACH BLVD. CENTER, FL 33573 US		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER G. CAWEIN PD 04/15/2005