## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

**DOCUMENT** #

FILED
Apr 28 1998 8:00am
Secretary of State

ON CITY CENTER BEAUTIFICATION COMPORATION						
I	Principal Place	e of Business	Mailing Address		A INCIDIO AND INCIDIO AND AND AND AND	Mibil diale kinei bintt ainti naie ian
İ	P.O. BOX 5698 SUN CITY CENT		P.O. BOX 5698 SUN CITY CENTER FL 33571		3. Date incorporated or Qualified 12/13/1989	
ı					4. FEI Number	Applied For
l					59-3058095	Not Applicable
I	21 2020	acy of Business CUBHOUSE DRIVE	2e. Mailing Address 26 P.O.BOX	5702	5. Certificate of Status Desired	\$8.75 Additional Fee Required
ļ	Suite, Apt. (	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
ļ	22	<u> </u>	27	-		Added to Fees
	City & State 23 SUN	ITY LENTER 14		MER tz	7. Is this nonprofit corporation a home	∕es ⊠ No
I	24 335	73 25 HILLS BOROW	1/20 33571 sc	VIUSEORO	8. This corporation owes or has paid Personal Property Tax due June 30	) Yes 🗌 No
Į		9. Name and Address of Curren	t Registered Agent		10 Name and Address of New Regis	itered Agent
l				81 Name	K. C. OEYER,	JR
		I, DENNIS E IT KENNEDY BOULEVARD		20	ddress (P.O. Box Number le Not Acceptable)	= DR
I	SUITE 14 TAMPA I			83		
I				84 Ciby	LITY ENTER	FL 33333
i	11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the above-named	corporation submits this statement for the pur oration's board of directors. I hereby accept to	pose of changing its registered
ı	office or fr	egistered agent, or poin, in the State, m (sphillar with, and accept the oblige	or Florida. Such change was aut ations of, Section 647,6503, Floric	ja Statutes	oration a board or disactors. Therapy accept to	The appointment as registered
J	_			$ u \circ  u$	// N/ = P = 1 + 1 + 2 + 1 = 1 = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1	Z.11 N/R 1(1)
1					- LORIDA ESIAN OMINITIE	3 -11 11 10
	SIGNATURE	Storage strain or primaries profit sales		tegisteled Agent signature	required when reinstating)	DATE
	SIGNATURE	ØFFICERS AND	DIRECTORS	13.	required when reinstating)  ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
	SIGNATURE 12. TITLE	PD OFFICERS AND		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICER PD NANCY BICERT	DATE
	SIGNATURE 12. TITLE NAME	PD CONDOROUSIS, NICHOLAS	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICER PD NANCY BICERT 902 MC DANIEL STREET	DATE AS AND DIRECTORS IN 12 Change Addition
	SIGNATURE  12. TITLE  NAME  STREET ADDRESS	PD CONDOROUSIS, NICHOLAS 2020 CLUBHOUSE DRIVE	DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER PD NANCY BICERT	DATE AS AND DIRECTORS IN 12 Change Addition
	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD CONDOROUSIS, NICHOLAS 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33571	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER PD NANCY BICERT 902 MC DANIEL STREET SUN CITY CENTER, FL	DATE AS AND DIRECTORS IN 12 Change Addition
	SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD CONDOROUSIS, NICHOLAS 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33571 TD	D DIRECTORS  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER PD NANCY BICERT 902 MC DANIEL STREET SUN CITY CENTER, FL VD	DATE AS AND DIRECTORS IN 12 Change Addition 33573
	SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD CONDOROUSIS, NICHOLAS 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33571 TD BROSTEK, FRANK	D DIRECTORS  DELETE	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME	ADDITIONS/CHANGES TO OFFICER PD NANCY BICERT 902 MC DANIEL STREET SUN CITY CENTER, FL VD R.L. NICHOLAS	Change Addition  Change Addition  Change Addition
	SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD CONDOROUSIS, NICHOLAS 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33571 TD BROSTEK, FRANK 2020 CLUBHOUSE DRIVE	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICER PD NANCY BILERT 902 MC DANIEL STREET SUN CITY CENTER, FL VD R.L. NICHOLAS 2009 DEL WEBB BLYL	DATE AS AND DIRECTORS IN 12 Change Addition  33573 Change Addition
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	SIGNATURE  12.  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE	PD CONDOROUSIS, NICHOLAS 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33571 TD BROSTEK, FRANK 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33571 VD	DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICER PD NANCY BICERT 902 MC DANIEL STREET SUN CITY CENTER, FL VD R.L. NICHOLAS 2009 DEL WEBB BINI SUN CITY CENTER, FL D DON EATON 2054 PRESTANCIA LNI	DATE AS AND DIRECTORS IN 12  Change Addition  33573  Change Addition  Addition  Addition  Addition  Addition
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I hereby certify that the information supplied with this tring 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 minutal 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 of trusted encourage 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 of trusted encourage 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 of trusted encourage 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 of trusted encourage 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 of trusted encourage. **SIGNATURE:**