SIGNATURE	CAROL R. DONNER			01/25/2017
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PD	Title	VPD	
Name	LUPER, JOHN M.	Name	ELAM, JOE W.	
Address	1009 N. PEBBLE BEACH BLVD.	Address	1009 N. PEBBLE BEACH BLVD	
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573	
Title	S	Title	TD	
Name	SUDMAN, MARVIN S.	Name	SCHWARTZ, JAMES L.	
Address	1009 N. PEBBLE BEACH BLVD.	Address	1009 N. PEBBLE BEACH BLVD	
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573	
Title	DIRECTOR	Title	DIRECTOR	
Name	COTE-MILLER, MARILYN	Name	LEWIS, HELEN	
Address	1009 N. PEBBLE BEACH BLVD.	Address	1009 N. PEBBLE BEACH BLVD	
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573	
Title	DIRECTOR	Title	DIRECTOR	
Name	SULLIVAN, ROBERT	Name	BIRKETT, DAVID	
Address	1009 N. PEBBLE BEACH BLVD.	Address	1009 N. PEBBLE BEACH BLVD	

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17563

Entity Name: SUN CITY CENTER COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

City-State-Zip: SUN CITY CENTER FL 33573

FEI Number: 59-2746620

Name and Address of Current Registered Agent:

DONNER, CAROL R EXEC SEC 1009 N. PEBBLE BEACH BVD. SUN CITY CENTER, FL 33573 US

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.

I hereby 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 all other like empowered. SIGNATURE: MARVIN S. SUDMAN

SECRETARY

Continues on page 2

City-State-Zip: SUN CITY CENTER FL 33573

01/25/2017 Date

Electronic Signature of Signing Officer/Director Detail

FILED Jan 25, 2017 Secretary of State CC6507287304

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SANCHEZ, ROBERT
Address	1009 N. PEBBLE BEACH BLVD.
City-State-Zip:	SUN CITY CENTER FL 33573