

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17563

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC9103280969**

**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

**FEI Number:** 59-2746620

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DONNER, CAROL REX.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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BARNES, EDMUND L  
Address 1009 N. PEBBLE BEACH BLVD.  
City-State-Zip: SUN CITY CENTER FL 33573

Title VPD  
Name KEEGAN, JANE  
Address 1009 N. PEBBLE BEACH BLVD.  
City-State-Zip: SUN CITY CENTER FL 33573

Title SD  
Name FLOYD, DAVID  
Address 1009 N. PEBBLE BEACH BLVD.  
City-State-Zip: SUN CITY CENTER FL 33573

Title TD  
Name ROTHFELD, NEIL  
Address 1009 N. PEBBLE BEACH BLVD.  
City-State-Zip: SUN CITY CENTER FL 33573

*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:** EDMUND L. BARNES

**PRESIDENT**

**01/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date