

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17563

**FILED**  
**Mar 31, 2020**  
**Secretary of State**  
**8445149679CC**

**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 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.*

**SIGNATURE:** CAROL R. DONNER

03/31/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SUDMAN, MARVIN S.  
Address 1009 N. PEBBLE BEACH BLVD.  
City-State-Zip: SUN CITY CENTER FL 33573

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

Title S  
Name MATELSKI, RON  
Address 1009 N. PEBBLE BEACH BLVD.  
City-State-Zip: SUN CITY CENTER FL 33573

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

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

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

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

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

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*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

**PRESIDENT**

03/31/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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