

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35646

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC8396495187**

**Entity Name:** GREATER SUN CITY CENTER BEAUTIFICATION CORPORATION

**Current Principal Place of Business:**

409 E. COLLEGE AVENUE  
RUSKIN, FL 33570

**Current Mailing Address:**

409 E. COLLEGE AVENUE  
RUSKIN, FL 33570 US

**FEI Number: 59-3058095**

**Certificate of Status Desired: No**

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

L.E. WILSON & ASSOCIATES, INC.  
409 E. COLLEGE AVENUE  
RUSKIN, FL 33570 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 GREEN, DAVID  
Address 2311 BROOKFIELD GREENS CIRCLE  
City-State-Zip: SUN CITY CENTER FL 33573

Title TD  
Name GROSSMAN, PAUL  
Address 2210 SIFIELD GREENS WAY  
City-State-Zip: SUN CITY CENTER FL 33573

Title VPD  
Name LUPER, JOHN  
Address 1309 CRYSTAL GREENS DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title D  
Name NUEWEILER, DUTCH  
Address PO BOX 1058  
City-State-Zip: RUSKIN FL 33575

Title SD  
Name NIEMCZYK, HENRY  
Address 2223 WESTMINSTER MANOR LANE  
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: DAVID GREEN**

**P**

**02/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date