

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90005 001 ***150.00

DOCUMENT # 417769

1. Entity Name
SUN CITY CENTER REALTY, INC.



Principal Place of Business
**24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 US**

Mailing Address
**24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 US**

40054300



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1581628

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HASTING, VIVIEN N
24301 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134**

**DO NOT WRITE
IN THIS SPACE**

8. 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 am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CULLEN, JAMES D 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MESA, REINDALDO 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BRASINGTON, CHARLES E 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHEINDEMAN, ERNEST J 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HASTINGS, VIVIEN 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

4/24/07

Date

2394988544

Daytime Phone #