

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90076 013 ****70.00

DOCUMENT # 721734 1. Entity Name SUN CITY CENTER RESIDENTS, INC.					
Principal Place of Business 1910 PEBBLE BEACH B1.S. COMMUNITY HALL ROOM 2 SUN CITY CENTER FLA, 33573 US				Mailing Address 1910 PEBBLE BEACH B1.S. COMMUNITY HALL ROOM 2 SUN CITY CENTER FLA, FL 33573 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1400748				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUSGNUG, ROY A 1210 KNIGHTS GATE COURT SUN CITY CENTER, FL 33573			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD BECKMAN, CAROLYN 1942 GRAND CYPRESS LANE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	SMITH, PAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 E1 RANCHO DR. SUN CITY CENTER, FL 33573		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PAT <input type="checkbox"/> Delete 801 E1 RANCHO DR SUN CITY CENTER, FL 33573	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	BRUNSKILL, LESLIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2027 BERRY ROBERTS DR. SUN CITY CENTER, FL 33573		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWITZER, JANICE <input checked="" type="checkbox"/> Delete 709 RUTGERS PLACE SUN CITY CENTER, FL 33573	TITLE MD NAME STREET ADDRESS CITY-ST-ZIP	CLARA RAFINSKI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2408 DEL WEBB BLVD E. SUN CITY CENTER, FL 33573		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM BECKMAN, CAROLYN <input checked="" type="checkbox"/> Delete 1942 GRAND CYPRESS LN SUN CITY CENTER, FL 33573	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	CATHERINE RUEHL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 701 WINTERBROOKE WAY SUN CITY CENTER, FL 33573		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, MARY <input type="checkbox"/> Delete 7322 DEL WEBB BLVD WEST SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUSGNUG, ROY <input type="checkbox"/> Delete 1210 KNIGHTS GATE COURT SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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:		1/7/08		813-633-7354	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	