2008 NOT-FOR-PROFIT CORPORATION

DOCUMENT # 721724

ANNUAL REPORT



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

1. Entity Name SUN CITY CENTER RESIDENTS, INC.							01-11-2008	90076 013 ****	70.00
Principal Place of Business 1910 PEBBLE BEACH B1.S. 1910 PEBBLE BEACH B1.S. COMMUNITY HALL ROOM 2 SUN CITY CENTER FLA, 33573 US Mailing Address 1910 PEBBLE BEACH B1 COMMUNITY HALL ROOM SUN CITY CENTER FLA, FI					73 US				
2. Principal Place of Business - No P.O. Box # 3. Ma			3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E037 (12/06)	
City & State			City & State	City & State			48		pplied For ot Applicable
Zip	Zip Country		Zip	Zip Cou		5. Certificate of S	Status Desired	\$8.75 Ac Fee Requir	ditional
	6. Name	e and Address of Current	Registered Agent			7. Name and Ad	dress of New Re	egistered Agent	
					Name		•	<u> </u>	
MUSGNUG, ROY A 1210 KNIGHTS GATE COURT SUN CITY CENTER, FL 33573					Street Addres	ss (P.O. Box Number is	Not Acceptable)	
		÷			City	, , .		FL Zip Co	de
8. The above the obligat	named entit	ty submits this statement fo stered agent.	r the purpose of changing its	registere	ed office or regis	stered agent, or both, in	n the State of Flor	:	, and accept
Ü		7.							
SIGNATI IDE									
SIGNATURE.									
SIGNATURE.	Signature, typed	d or printed name of registered agent	and title if applicable. (NCT)	: Registered	d Agent signature requ	ured when reinstating)		DATE	
#	Filing Fe	ee is \$61.25 May 1, 2008	9. Election Can Trust Fund C	ıpaign Fi	inancing _	\$5.00 May Be Added to Fees	1	DATE ake check payable da Department of \$	
10.	Filing Fe Due by N	e is \$61.25	9. Election Can Trust Fund C	ıpaign Fi	inancing _	\$5.00 May Be Added to Fees	Flori	ake check payable	itate
10. W	Filing Fe Due by N	De is \$61.25 May 1, 2008 OFFICERS AND DIF	9. Election Can Trust Fund C	npaign Fi contribution	inancing on.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Floric GES TO OFFICER	ake check payable da Department of S	itate
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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 attackment with an address, with all other like empowered.

SIGNATURE: (

TOY MUST GUILD SIGNATURE AND TYPED OR PROSPRED IN MAKE OF SIGNATURE ING OFFICIER OR DIRECTOR

8/3-633-7354

Daytime Phone #