FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:06

DOCUMENT # **726597** **(8)**

1. Corporation Name
SUN CITY CENTER WEST MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1904 CLUB HOUSE DRIVE ~~P.O. BOX 3030~~ SUN CITY CENTER FL 33573-5912	1904 CLUB HOUSE DRIVE ~~P.O. BOX 3030~~ SUN CITY CENTER FL 33573-5912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1973
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-2303468 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1904 CLUBHOUSE DRIVE	26 1904 CLUBHOUSE DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 SUN CITY CENTER, FL	28 SUN CITY CENTER, FL
24 Zip 33573 25 Country USA	29 Zip 33573 30 Country USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STARKEY, JERRY L. 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573	81 Name: MILT FLINN 82 Street Address (P.O. Box Number is Not Acceptable): c/o FLORIDA DESIGN COMMUNITIES 83: 2020 CLUBHOUSE DRIVE 84 City: SUN CITY CENTER FL 85 Zip Code: 33573

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 4-7-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	PD	XX Change ☐ Addition
NAME	STARKEY, JERRY L.	12 NAME	KELSEY, PATRICIA A.	
STREET ADDRESS	1904 CLUB HOUSE	13 STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	14 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	STD	21 TITLE	STD	XX Change ☐ Addition
NAME	FLINN, MILT G.	22 NAME	FLINN, MILTON G.	
STREET ADDRESS	1904 CLUB HOUSE DRIVE	23 STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	24 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		31 TITLE	VD	☐ Change XX Addition
NAME		32 NAME	CICOTTE, ROY	
STREET ADDRESS		33 STREET ADDRESS	702 MASTERPIECE DRIVE	
CITY-ST-ZIP		34 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: _____ 4-7-95 813 634 3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MILT FLINN, SECRETARY

0013928