

FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726597** (8)
1. Corporation Name
SUN CITY CENTER WEST MASTER ASSOCIATION, INC.

Principal Place of Business 1904 CLUB HOUSE DRIVE SUN CITY CENTER FL 33573-5912 US	Mailing Address 1904 CLUB HOUSE DRIVE SUN CITY CENTER FL 33573-5912 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/29/1973	3a. Date of Last Report 04/30/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2303468		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FLINN, MILT C/O FLORIDA DESIGN COMMUNITIES 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33593		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	PD	1.1 TITLE	STD
NAME	KELSEY, PATRICIA A	1.2 NAME	BEYER, R.C.
STREET ADDRESS	2020 CLUBHOUSE DRIVE	1.3 STREET ADDRESS	2020 CLUBHOUSE DRIVE
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	STD	2.1 TITLE	PD
NAME	FLINN, MILT G.	2.2 NAME	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	CICOTTE, ROY	3.2 NAME	
STREET ADDRESS	702 MASTERPIECE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
FLINN

4-21-97

634-3311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0048328**

CR2E037 (9/96)