


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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		3. Date Incorporated or Qualified 05/29/1973	
				4. FEI Number 59-2303468	
				Applied For Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	PD
NAME	BEYER, R.C. J	1.2 NAME	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	SD
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 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 on an attachment with an address.

SIGNATURE _____

CR2E037 (10/97)