

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726597

1. Entity Name

SUN CITY CENTER WEST MASTER ASSOCIATION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90184 035 ****61.25

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

2. Principal Place of Business

24301 Walden Center Drive

Suite, Apt. #, etc.

Suite 300

City & State

Bonita Springs, FL

3. Mailing Address

24301 Walden Center Drive

Suite, Apt. #, etc.

Suite 300

City & State

Bonita Springs, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2303468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLINN, MILT
C/O FLORIDA DESIGN COMMUNITIES
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33593

7. Name and Address of New Registered Agent

JAMES D. CULLEN
24301 WALDEN CENTER DRIVE
BONITA SPRINGS FL 34134

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.

SIGNATURE

James D. Cullen

JAMES D. Cullen

4/10/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME BEYER, R.C. J
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL

TITLE SD ☐ Delete

NAME FLINN, MILT G.
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL

TITLE VD ☒ Delete

NAME CLOTTE, ROY
STREET ADDRESS 702 MASTERPIECE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition

NAME FLINN, MILT G.
STREET ADDRESS 24301 WALDEN CENTER DRIVE, SUITE 300
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE VD ☐ Change ☒ Addition

NAME KRAJEWSKI, PAUL
STREET ADDRESS 1806-B FOXHUNT DRIVE
CITY-ST-ZIP SUN CITY CENTER FL

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James D. Cullen JAMES D. CULLEN 4/10/00 813634221