

2001. UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

03-29-2001 90414 022 ****61.25

DOCUMENT # 726597

1. Entity Name

SUN CITY CENTER WEST MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

24301 WALDEN CENTER DR.
STE 300
BONITA SPRINGS FL 34134
US24301 WALDEN CENTER DR.
STE 300
BONITA SPRINGS FL 34134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2303468

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Hastings, Vivian N.

Street Address (P.O. Box Number is Not Acceptable)

24301 Walden Center Dr.

Suite 300

City

Bonita Springs

FL

Zip Code

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

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BEYER, R.C. J
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
FLINN, MILT G.
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
Cowing, Bill
2020 Clubhouse Dr.
SunCity Center, FL 33573 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
CICOTTE, BOY
702 MASTERPIECE DRIVE
SUN CITY CENTER FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
Krajewski, Paul
2020 Clubhouse Dr.
SunCity Center, FL 33573 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)