

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726597

1. Entity Name

SUN CITY CENTER WEST MASTER ASSOCIATION, INC.

**FILED**  
Feb 19, 2002 8:00 am  
Secretary of State

02-19-2002 90056 011 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2020 CLUBHOUSE DR

SUN CITY CENTER

FL

33573



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

HASTINGS, VIVEN  
24501 WALDEN CENTER DR5  
SUITE 300  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE DT  
NAME COWING, BILL  
STREET ADDRESS 2020 CLUBHOUSE DRIVE  
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Delete

TITLE VD  
NAME KRAJEWSKI, PAUL  
STREET ADDRESS 2020 CLUBHOUSE DR  
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME BROWN, C.E.  
STREET ADDRESS 1015 RADCLIFF AVE  
CITY-ST-ZIP SUN CITY CENTER, FL 33573 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)