2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90326 041 ****61.25

DOCUMENT # 726597

1. Entity Name
SUN CITY CENTER WEST MASTER ASSOCIATION, INC.

14013785

Principal Place of Business	Mailing Address
24301 WALDEN CENTER DR. STE 300 BONITA SPRINGS, FL 34134 US	2020 CLUBHOISE DR SUN CITY CENTER, FL 33573 US

04232004 No Chg-NP CR2E037 (10/03)

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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
24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEYER, R.C. JR
STREET ADDRESS	2020 CLUBHOUSE DRIVE
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	TSD
NAME	LUPER, JOHN
STREET ADDRESS	2020 CLUBHOUSE DR
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	VD
NAME	RICHARD, DAVIS
STREET ADDRESS	909 OXFORD PARK DRIVE
CITY-ST-ZIP	SUN CITY, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ R.C. BEYER, JR 23/APR/04 8136421464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #