2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90327 027 ****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 US	2020 CLUBHOISE DR SUN CITY CENTER, FL 33573 US

01042006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
HASTINGS, VIVEN 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida 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 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KEITH, SYLVIA 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD LUPER, JOHN 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUPER, JOHN 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RICHARD, DAVIS 909 OXFORD PARK DRIVE SUN CITY, FL 33572	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOODWIN, DAN 913 OXFORD PARK DRIVE SUN CITY CENTER, FL. 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemptions contained in Chapter 119, 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: Sylvia Keith SYLVIA KEITH 4/28/06 813-642-1454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #