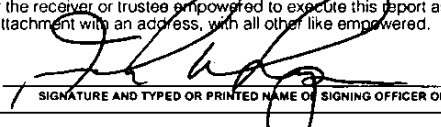


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90055 028 ****61.25

DOCUMENT # 726597 1. Entity Name SUN CITY CENTER WEST MASTER ASSOCIATION, INC.					
Principal Place of Business 24301 WALDEN CENTER DR. STE 300 BONITA SPRINGS, FL 34134 US			Mailing Address 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2008		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	STD KEITH, SYLVIA ☒ Delete		TITLE	STD ☐ Change ☒ Addition	
NAME			NAME	ROBERTS, NORM	
STREET ADDRESS	2020 CLUBHOUSE DRIVE		STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	PD ☐ Delete		TITLE		
NAME	LUPER, JOHN		NAME		
STREET ADDRESS	2020 CLUBHOUSE DR		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	VPD ☐ Delete		TITLE		
NAME	SCOTT, HAROLD		NAME		
STREET ADDRESS	801 MANCHESTER DR		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33571		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			PRESIDENT JOHN LUPER Date 2008 Daytime Phone # 813-642-1401		