FILED Apr 29, 2008 8:00 am Secretary of State

2008	NU	1-FUK-I	'KU	rıı	CURP	UKAI	IUN
		ANNU	JAL	REP	ORT		

1. Entity Nam	MENT #759128 BE CONDOMINIUM ASSOCIATION	ON, INC.				0079 001 **** <i>6</i>	51.25			
SUN CITY CEI										
Ster	ling Management	. #, etc.		01182008 Chg	2) NO.0 1130()2.1 2.2.1	R2E037 (12/06)				
—— 1904 Sun	4 Clubhouse Drive City Center, FL 33573	te		4. FEI Number Applie			olied For Applicable			
Ziţ			Country	5. Certificate of State	us Desired [\$8.75 Addi	tional			
	6. Name and Address of Current Registere	d Agent	News	7. Name and Addre	ss of New Regis	stered Agent				
LAW OFFI	CES OF JAMES R. DE FURIO, P.A.		Name							
201 EAST STE 1460	KENNEDY BOULEVARD		Street Address	Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, F	L 33602		City	City FL Zip Code						
	named entity submits this statement for the purp- tions of registered agent.	ose of changing its r	egistered office or regist	tered agent, or both, in th	e State of Florida	. I am familiar with, a	and accept			
SIGNATURE	Signature, typed or printed name of registered agent and title if app	licable. (NOTE:	Registered Agent signature requi	ired when reinstating)		DATE				
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees		check payable to Department of St				
10.	OFFICERS AND DIRECTORS		11,	ADDITIONS/CHANGES	TO OFFICERS A	AND DIBECTORS IN	10			
TITLE NAME STREET ADDRESS	VPD DELCASTILLO, RAFAEL 1224 HADDINGTON CIR	☐ Delete	TITLE DU	Juma, Tom	ourt	☐ Change	Addition			
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP SLE	in City Cen	ter 1923	33573				
NAME STREET ADDRESS CITY-ST-ZIP	TD NOWAK, BERNICE 1218 HADDINGTON CIR. SUN CITY CENTER, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7		☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYFIELD, R. WILLIAM 1214 HADDINGTON CR SUN CITY CENTER, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition			
TITLE NAME STREET ADDRESS	SD WISEMAN, BRENDA 1208 HADDINGTON CIRCLE	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition			
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		O(11-21-FII							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUN CITY CENTER, FL 33573	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS	SUN CITY CENTER, FL 33573	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition Addition			
ITILE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co changed	certify that the information supplied with this filling to on this report or supplemental report is true and reporation or the receiver or trustee empowered to , or on an attachment with an address, with all off	does not qualify for accurate and that mexecute this report	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain ry signature shall have the required by Chapter 6	ne same legal effect as it.	made under oath that my name ap	Change	Addition Addition			