

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90097 045 ****61.25

DOCUMENT # 766535 1. Entity Name SUN CITY CENTER UNIT 46 PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business PO BOX 5298 SUN CITY CENTER, FL 33573 US				Mailing Address P.O BOX 5298 SUN CITY CENTER, FL 33571 US	
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 59-2771911	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHELAN, LARRY-- 2005 MEADOWLARK LANE SUN CITY CENTER, FL 33573			Name JAMES P Hines Jr. Street Address (P.O. Box Number is Not Acceptable) 315 South Hyde Park Ave City Tempe FL Zip Code 85286		
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 P. Hines Jr. XXXXXXXXXX 3-1-05 Signature, printed 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, 2005		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	P PHELAN, LARRY 2005 MEADOWLARK LANE SUN CITY CENTER, FL 33573 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES CLARKE 1617 BENTWOOD DR SUN CITY CENTER, FL 33573 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOOKER, HUGH 2013 MEADOWLARK LN SUN CITY CENTER, FL 33573 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES SAROFIAN 2012 MEADOWLARK LN SUN CITY CENTER, FL 33573 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAYER, GEORGE 2124 MEADOWLARK LANE SUN CITY CENTER, FL 33573 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME AS 2004 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINER, DON 2007 MEADOWLARK LANE SUN CITY CENTER, FL 33573 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME AS 2004 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SAYER, NANCY 2124 MEADOWLARK LANE SUN CITY CENTER, FL 33573 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME AS 2004 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERERA, LOUIS 2108 MEADOWLARK LANE SUN CITY CENTER, FL 33573 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FROM D TO VPD ☒ 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: Don Miner SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3/23/05 Daytime Phone #					