## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 09, 2006 8:00 am Secretary of State DOCUMENT # 766910 05-09-2006 90073 024 \*\*\*\*61.25 SUN CITY CENTER LAPIDARY CLUB, INC. Principal Place of Business Mailing Address SUN CITY CENTER COMPLEX SUN CITY CENTER FL 33573 P.O. BOX 5675 SUN CITY CENTER FL 33571 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2151734 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWISSHELM, SHIRLEY Street Address (P.O. Box Number is Not Acceptable) 2019 E. DEL WEBB BLVD SUN CITY CENTER FL 33573 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 little if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TITLE TITLE Delete Dawn Luckett DUNCAN BARBARA NAME NAME 1915 h. Pubble Beach Blud. Sun City Ctr, Fl. 375-73 1920 N PEBBLE BEACH BLVD STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CHY-ST-7IP CITY-ST-7IP TITLE Delete TITLE SWISSHELM, SHIRLEY NAME NAME 2019 E. DEL WEBB BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUN CITY CNTR, FL 00000 33573 CITY-ST-7IP PD Janes Terwilligen Change Addition DDRESS 1903 E. Del Webb Blvd. ZIP Sun City Ctr. Fl. 33173 Delete NAME AVERY, MIMI STREET ADDRESS 1111 CHERRY HILLS DR STREET ADDRESS CITY-ST-7IP SUN CITY CENTER FL 33573 CITY-ST-7IP VΝ TITLE Delete TITLE NAME VIOHL, ROBERT NAME STREET ADDRESS 2212 NEW BADEORD DR STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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

Teas. Shirley Swisshelm 4-28-06

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sher

FILED