## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000006676

Entity Name: SUN CITY CENTER OFFICE PLAZA, INC.

24311 WALDEN CENTER DR

BONITA SPRINGS, FL 34134

Address: City-St-Zip: FILED Jan 27, 2009 Secretary of State

| Current Principal Place of Business:          |   |                                  |              | New Principal Place of Business:                         |  |  |
|---|---|----------------------------------|--------------|--|--|--|
| SUITE 101                                     | GREGOR BLV<br>ERS, FL 3390                              |                                  |              |  |  |  |
| Current Mailing Address:                      |   |                                  |              | New Mailing Address:                                     |  |  |
| PO BOX 07026<br>FORT MYERS, FL 33919          |   |                                  | S            | 15550 MCGREGOR BLVD<br>SUITE 101<br>FORT MYERS, FL 33908 |  |  |
| FEI Number:                                   | : 59-3298531  | FEI Number Applied For ( )       | FEI Numbe    | er Not Applicable()                                      | Certificate of Status Desired ( )      |  |
| Name and Address of Current Registered Agent: |   |                                  |              | Name and Address of New Registered Agent:                |  |  |
| 11200 LON                                     | N, ALFRED JR<br>NGWATER CH<br>ERS, FL 3390              | IASE CT                          |              |  |  |  |
|   | named entity see of Florida.                            | submits this statement for the p | ourpose of c | hanging its registered                                   | d office or registered agent, or both, |  |
| SIGNATUR                                      | RE:   |                                  |              |  |  |  |
| Electronic Signature of Registered Agent      |   |                                  |              | Date   |  |  |
| Election Car                                  | mpaign Financin   | g Trust Fund Contribution ( ).   |              |  |  |  |
| OFFICERS AND DIRECTORS:                       |   |                                  | A            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:             |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | HOFFMAN, ALF  | GOR BLVD, SUITE 101              | Ni<br>Ad     | tle:<br>ame:<br>ddress:<br>ity-St-Zip:                   | ( ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VS ( )<br>HOFFMAN, MA<br>5014 THE RIVII<br>TAMPA, FL 33 | ERA                              | Ni<br>Ad     | tle:<br>ame:<br>ddress:<br>ity-St-Zip:                   | () Change () Addition                  |  |
| Title:<br>Name:                               | D ( )<br>ACKERMAN, D                                    | Delete<br>ON E                   |              | tle:<br>ame:   | ( ) Change ( ) Addition                |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ALFRED HOFFMAN JR PRES 01/27/2009