

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:37

DOCUMENT # **K38856** (6)
1. Corporation Name
SUN CITY CENTER WEST CORP.

Principal Place of Business Mailing Address
~~STATE ROAD 674~~ ~~STATE ROAD 674~~
~~PEBBLE BEACH BLVD.~~ ~~PEBBLE BEACH BLVD.~~
~~SUN CITY CENTER FL 33573~~ ~~SUN CITY CENTER FL 33523~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/14/1988** 3a. Date of Last Report **02/14/1994**

2. Principal Place of Business 2a. Mailing Address
21 **2020 Clubhouse Dr** 26 **2020 Clubhouse Dr** 4. FEI Number **59-2956303** Applied For
Suits, Apt. #, etc. Suits, Apt. #, etc. Not Applicable
22 **P.O. Box 5698** 27 **P.O. Box 5698** 5. Certificate of Status Desired **\$8.75 Additional**
City & State City & State Fee Required
23 **Sun City Center, FL** 28 **Sun City Center, FL** 6. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution Added to Fees
24 **33573** 25 Country 29 **33573** 30 Country 8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FLINN, MILTON G.
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE *Milton G. Flinn* DATE **1/27/95**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registration report separation required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOFFMAN, JR., ALFRED
STREET ADDRESS	SR 674 & PEBBLE BCH. BLV
CITY - ST - ZIP	SUN CITY CENTER FL
TITLE	D
NAME	FLINN, MILTON
STREET ADDRESS	SR 674 & PEBBLE BCH. BLV
CITY - ST - ZIP	SUN CITY CENTER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alfred Hoffman Jr* DATE **1/27/95** FILE NUMBER **813-684-3311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR