

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90418 035 \*\*\*\*61.25

**DOCUMENT # N01000006505**

1. Entity Name  
**GREATER SUN CITY, CENTER FL CHAPTER,  
SPEBSQSA, INC.**



Principal Place of Business  
**2427 EMERALD LAKE DR  
APT 101  
SUN CITY CENTER, FL 33573-3819**

Mailing Address  
**2427 EMERALD LAKE DR  
APT 101  
SUN CITY CENTER, FL 33573-3819**

2. Principal Place of Business  
**12939 Prestwick Dr.**

3. Mailing Address  
**12939 Prestwick Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-NP CR2E037 (11/05)

City & State  
**Riverview FL**

City & State  
**Riverview FL**

4. FEI Number  
**91-2122273**

Applied For  
Not Applicable

Zip  
**33569-7012**

Country

Zip  
**33569-7012**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WISNER, WILFORD  
2427 EMERALD LAKE DRIVE  
APT 101  
SUN CITY BEACH, FL 33573**

**7. Name and Address of New Registered Agent**

Name **Haas, Phillip E.**

Street Address (P.O. Box Number is Not Acceptable)  
**12939 Prestwick Dr.**

City **Riverview**

**FL**

Zip Code  
**33569-7012**

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 **Phillip E. Haas**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-23-06**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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**

TITLE **PD** ☐ Delete  
NAME **DOMROES, DAVID**  
STREET ADDRESS **2111 STERLING GLEN COURT**  
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☒ Delete  
NAME **BROWN, ANDREW**  
STREET ADDRESS **1714 COUNCIL DRIVE**  
CITY-ST-ZIP **SUN CITY BEACH, FL 33573**

TITLE **TD** ☐ Delete  
NAME **HEWITT, ROBERT**  
STREET ADDRESS **721 TORREY PINES AVE**  
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☒ Delete  
NAME **WISNER, WILFORD**  
STREET ADDRESS **2453 DEL WEBB BLVD. EAST**  
CITY-ST-ZIP **SUN CITY BEACH, FL 33573**

TITLE **D** ☐ Delete  
NAME **LANG, ROBERT**  
STREET ADDRESS **941 VILLEROY GREENS DR**  
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **VP** ☐ Delete  
NAME **PETERSEN, ERIC**  
STREET ADDRESS **18102 PRAIRIE WOLF GLEN**  
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition  
NAME **Paulson, Richard**  
STREET ADDRESS **1249 Huntington Greens Dr.**  
CITY-ST-ZIP **Sun City Center FL 33573**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition  
NAME **Haas, Phillip E.**  
STREET ADDRESS **12939 Prestwick Dr.**  
CITY-ST-ZIP **Riverview FL 33569-7012**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

**Phillip E. Haas**

**3-23-06**

**813 677-8448**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #