2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

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DOCUMENT # N0200009963 1. Entity Name INVERNESS AT SUN CITY CENTER CONDOMINIUM ASSOCIATION, INC.				0	5-04-2005 901	165 041 ****6	1.25
Principal Place of Business 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134		Mailing Address 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573			50047359		
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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252005 CI	hg-NP C	R2E037 (10/03)	
City & State		City & State		4. FEI Number 27-004896	 66		plied For
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	litional
	6. Name and Address of Current F	Registered Agent	<u> </u>	7. Name and Add	ress of New Regis	stered Agent	<u> </u>
Law			Law Office	ffices of James R. De Furio, P.A.			
DACTINIZE VIVILNIN			201 East K	Lennedy Bouley	/ard		
BONITA SPRINGS, FL 34134 Suite 1460)			
Tampa, Flori							
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8. The above	named entity submits this statement for	the purpose of changing its	 s reaistered onice ar rea	istereo agent, or potri, in	me State or Flunds	.=ranrammarwni.	ano accauc
	ions of registered agent.						
	6/1/1/2				4-12	-0,-	
SIGNATURE.	Signature, typed or printed name of registered agent a	od title if annlicable (NO)	TE; Registered Agent signature re-	cured when reinstation)		DATE	
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	Filing Fee is \$61.25 Due by May 1, 2005		mpaign Financing Contribution.	\$5.00 May Be Added to Fees	ľ	check payable to Department of Si	
10.	OFFICERS AND DIR	1			50.70.075.0750	•	
TITLE		ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRECTORS IN	10
	PD		TITLE DE	ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRECTORS IN Change	
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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 amount of the receiver of trustee empowered.

SIGNATURE:

GNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #