

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2005 90165 041 ****61.25

DOCUMENT # N02000009963

1. Entity Name
**INVERNESS AT SUN CITY CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134**

Mailing Address
**2020 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573**

50047359



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
27-0048966

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134**

**Law Offices of James R. De Furio, P.A.
201 East Kennedy Boulevard
Suite 1460
Tampa, Florida 33602**

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, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BEYER, R.C. JR
2020 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Cooper, Stan
2061 Inverness Greens Drive
Sun City Center, FL 33573 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
KEITH, SYLVIA
2020 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
Dienna, Joseph
2019 Inverness Greens Dr.
Sun City Center, FL 33573 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PETERSON, DALE
5041 INVERNESS GREENS DR.
SUN CITY CENTER, FL 33573 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Ingenito, Gennaro
1917 Inverness Greens Dr.
Sun City Center, FL 33573 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Bergmoser, Doug
1908 Inverness Greens Dr.
Sun City Center, FL 33573 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Green, Ida
2044 Inverness Greens Dr.
Sun City Center, FL 33573 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #