2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05499

FILED Jan 04, 2007 Secretary of State

Entity Name: SUN CITY MEDICAL CENTER CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
%STEVE RECTOR 4016 SUN CITY CENTER BOULEVARD SUN CITY CENTER, FL 33573 US				%STEPHEN J. DAUGHERTY 4016 SUN CITY CENTER BOULEVARD SUN CITY CENTER, FL 33573 US			
Current Mailing Address:				New Mailing Address:			
%STEVE RECTOR 4016 SUN CITY CENTER BOULEVARD SUN CITY CENTER, FL 33573 US				%STEPHEN J. DAUGHERTY 4016 SUN CITY CENTER BOULEVARD SUN CITY CENTER, FL 33573 US			
FEI Number:	59-2954927	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Statu	us Desired ()
Name and	Address of C	Current Registered Agent:		Name and	Address of N	ew Registered /	Agent:
		R BOULEVARD 33573 US	DAUGHERTY, STEPHEN J CEO 4016 SUN CITY CENTER BOULEVARD SUN CITY CENTER, FL 33573 US				
The above in the State		submits this statement for the p	ourpose o	f changing i	ts registered of	ffice or registered	d agent, or both,
SIGNATURE: STEPHEN J. DAUGHERTY						01/04/200	7
	Electror	nic Signature of Registered Age	ent			Date	_
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () KREBS, JOSEI 1901 HAVERFO SUN CITY CEN	ORD AVE		Title: Name: Address: City-St-Zip:	()	Change () Addition	1
Title: Name: Address: City-St-Zip:	RECTOR, STEV 4016 SUN CITY	Delete VE A CENTER BOULEVARD TER, FL 33573		Title: Name: Address: City-St-Zip:	DAUGHERTY, S	CENTER BOULEVA	
Title: Name: Address: City-St-Zip:	OVERMAN, MA 1901 HAVERFO			Title: Name: Address: City-St-Zip:	()	Change () Addition	1
Title: Name: Address: City-St-Zip:	BAKOS, MARTI 4016 SUN CITY	Delete HA G 7 CENTER BLVD TER, FL 33573		Title: Name: Address: City-St-Zip:	()	Change () Addition	1
Title: Name: Address: City-St-Zip:	BEHNKE, DON 1901 HAVERFO			Title: Name: Address: City-St-Zip:	()	Change () Addition	1

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN J. DAUGHERTY CEO 01/04/2007