

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05499

FILED
Jan 05, 2011
Secretary of State

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

Current Principal Place of Business:

%SHARON ROUSH
4016 SUN CITY CENTER BOULEVARD
SUN CITY CENTER, FL 33573 US

New Principal Place of Business:

Current Mailing Address:

%LINCOLN HARRIS
4300 W CYPRESS ST #350
TAMPA, FL 33607 US

New Mailing Address:

%LINCOLN HARRIS
4350 W CYPRESS ST #230
TAMPA, FL 33607 US

FEI Number: 59-2954927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUSH, SHARON CEO
4016 SUN CITY CENTER BOULEVARD
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: ROUSH, SHARON
Address: 4016 SUN CITY CENTER BOULEVARD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D
Name: OVERMAN, MARK M.D.
Address: 1901 HAVERFORD AVENUE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D
Name: BEHNKE, DONALD M.D.
Address: 1901 HAVERFORD AVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: CFO
Name: GREGORY, SHAWN
Address: 4016 SUN CITY CENTER BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby 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 all other like empowered.

SIGNATURE: SHARON ROUSH

CEO

01/05/2011

Electronic Signature of Signing Officer or Director

Date