

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008200

FILED  
Jul 07, 2009  
Secretary of State

**Entity Name:** SUN CITY CENTER FALL PREVENTION COALITION, INC.

**Current Principal Place of Business:**

3855 UPPER CREEK DRIVE  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 5922  
SUN CITY CENTER, FL 335735922

**New Mailing Address:**

**FEI Number:** 45-0589006      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WATT, ROBIN S  
736 SPANISH MAIN DRIVE  
APOLLO BEACH, FL 33572      US

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: P      ( ) Delete  
Name: WATT, ROBIN S  
Address: 736 SPANISH MAIN DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: V      ( ) Delete  
Name: KENNY, MARGARET  
Address: 2045 ACADIA GREENS DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: T      ( ) Delete  
Name: DEUTEL, ROBERT  
Address: 1819 WOLF LAUREL DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S      ( ) Delete  
Name: LEGER, CLAUDINE  
Address: 201 17TH STREET NW  
City-St-Zip: RUSKIN, FL 33570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: KENNY, MARGARET  
Address: 2045 ACADIA GREENS DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: V      (X) Change ( ) Addition  
Name: WATT, ROBIN S  
Address: 736 SPANISH MAIN DR.  
City-St-Zip: APOLLO BEACH, FL 33572

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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: ROBIN S. WATT

V.P.

07/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date