

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90064 031 \*\*\*\*61.25

**DOCUMENT # N21134**

1. Entity Name

SUN CITY CENTER LAWN BOWLING CLUB, INC.



Principal Place of Business

1009 N PEBBLE BEACH BLVD.  
SUN CITY CENTER FL 33573  
US

Mailing Address

P.O. BOX 5892  
SUN CITY CENTER FL 33571-5892  
US



2. Principal Place of Business

*Same*

Suite, Apt. #, etc.

3. Mailing Address

*Same*

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2852981

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

MOLONEY, JOHN  
2055 BERRY ROBERTS DR  
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, 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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE: TD  
NAME: MOLONEY, JOHN I ☐ Delete  
STREET ADDRESS: 2055 BERRY ROBERTS DR  
CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE: VPD  
NAME: WILHELM, RONALD ☒ Delete  
STREET ADDRESS: 2002 PEBBLE BEACH ST  
CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE: PD  
NAME: RACKLIFF, MURIEL ☒ Delete  
STREET ADDRESS: 646 OAKMONT AVE  
CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE: ATD  
NAME: KLINGER, EUGENE ☐ Delete  
STREET ADDRESS: 1826 WOLE LAUREL  
CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD ☒ Change ☐ Addition  
NAME: CORNELL CLARKE  
STREET ADDRESS: 811 FREEDOM PLAZA APT 206  
CITY-ST-ZIP: SUN CITY CENTER, FL 33573

TITLE: VPD ☒ Change ☐ Addition  
NAME: WILLIAM A FLACCO  
STREET ADDRESS: 1828 PEBBLE BEACH BLVD  
CITY-ST-ZIP: SUN CITY CENTER, FL 33573

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *John I Moloney*

2/10/06

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