


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90069 006 ****61.25

DOCUMENT # N21134 1. Entity Name SUN CITY CENTER LAWN BOWLING CLUB, INC.	
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40032265



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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01282008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2852981	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 HENSHAW, TED Street Address (P.O. Box Number is Not Acceptable) 716 CAMELLIA GREEN DR. City SUN CITY CENTER FL Zip Code 33573
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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 **TED HENSHAW** *Joseph E Coleman PRES.* **2-1-08**
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOLONEY, JOHN I 2055 BERRY ROBERTS DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, JOSEPH 2216 PRESTANTIA SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BITTMAN, JAMES 1702 WOLF LAKEL SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD HENSHAW, TED 716 CAMILLA GREENS SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENSHAW, TED 716 CAMELLIA GREEN DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELLEROSE, SUZANNE 1515 N. LAKE DRIVE SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD RICAR, JOE 104 KILBY WAY SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **TED HENSHAW** *Joseph E Coleman PRES.* **2-1-08** **813-746-1085**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #