

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# N21134

Entity Name: SUN CITY CENTER LAWN BOWLING CLUB, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5892
SUN CITY CENTER, FL 335715892 US

New Mailing Address:

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

FEI Number: 59-2852981 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

HENSHAM, TED
716 CAMELIA GREEN DR
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

HENSHAM, TED M TREAS.
716 CAMELIA GREEN DR
SUN CITY CENTER, FL 33573 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: R. M. HENSHAW

10/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLEMAN, JOSEPH
Address: 2216 PRESTANTIA
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD () Delete
Name: HENSHAW, TED
Address: 716 CAMILLA GREENS
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD () Delete
Name: BELLEROSE, SUZANNE
Address: 1515 N. LAKE DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: ATD () Delete
Name: RICAR, JOE
Address: 104 KILBY WAY
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BELLEROSE, SUE
Address: 1515 LAKE DR
City-St-Zip: SUN CITY CENTER, FL 33573

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

Title: PD (X) Change () Addition
Name: BELLEROSE, SUZANNE
Address: 1515 N. LAKE DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

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

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: R. M. HENSHAW

O/D

10/21/2009

Electronic Signature of Signing Officer or Director

Date