

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21134

FILED  
Apr 16, 2012  
Secretary of State

**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:**

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

**New Mailing Address:**

**FEI Number:** 59-2852981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENSHAM, RAYMOND M TREAS.  
716 CAMELIA GREEN DR  
SUN CITY CENTER, FL 33573 US

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

MIGNOGNA, JOSEPH A PRES..  
2336 DEL WEBB BLVD. W.  
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: JOSEPH A. MIGNOGNA

04/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MIGNOGNA, JOSEPH A  
Address: 2336 DEL WEBB BLVD. W.  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD  
Name: DISPENZIERS, JOSEPH  
Address: 1742 COCO PALM CIRCLE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: PD  
Name: MIGNOGNA, JOSEPH A  
Address: 2336 DEL WEBB BLVD. W.  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: ATD  
Name: LOVE, EILEEN T  
Address: 603 ALLEGHENY DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD  
Name: LANGE, MARJORIE  
Address: 2012 GARDENIA LANDING LANE  
City-St-Zip: SUN CITY CENTER, 10 33573

Title: TD  
Name: DISPENZIERS, JOSEPH  
Address: 1742 COCO PALM CIRCLE  
City-St-Zip: SUN CITY CENTER, 10 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: JOSEPH A. MIGNOGNA

PD

04/16/2012

Electronic Signature of Signing Officer or Director

Date