

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90048 043 ****61.25

DOCUMENT # N35646

1. Entity Name
**GREATER SUN CITY CENTER BEAUTIFICATION
CORPORATION**



Principal Place of Business
**2020 CLUBHOUSE DR
SUN CITY CENTER, FL 33573 US**

Mailing Address
**2020 CLUBHOUSE DR
SUN CITY CENTER, FL 33573 US**

40039869



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01232008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3058095

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUPER, JOHN
2020 CLUBHOUSE 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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ☒ Delete
NAME **LUPER, JOHN**
STREET ADDRESS **2020 CLUBHOUSE DR**
CITY-ST-ZIP **SUN CITY, FL 33573**

TITLE ☒ Delete
NAME **LANCE, JOHN**
STREET ADDRESS **2013 DEL WEBB BLVD E**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE ☐ Delete
NAME **HUSSA, WALTER H**
STREET ADDRESS **644 TREMONT GREENS LN**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE ☐ Delete
NAME **SD STRIEPER, GERARD E**
STREET ADDRESS **2005 CAPTIVA CT**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE ☒ Delete
NAME **STEIN, WILLIAM**
STREET ADDRESS **759 MC DANIEL STREET**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE ☒ Delete
NAME **HANNEY, LAURENCE**
STREET ADDRESS **1509 SUN CITY CENTER PLAZA**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **S/T/D LUPER, JOHN**
STREET ADDRESS **2020 CLUBHOUSE DRIVE**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE ☒ Change ☐ Addition
NAME **PD LANCE, DONALD**
STREET ADDRESS **2013 DEL WEBB BLVD. E.**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE ☒ Change ☐ Addition
NAME **VPD HUSSA, WALTER H.**
STREET ADDRESS **644 TREMONT GREENS LANE**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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

TITLE ☐ Change ☒ Addition
NAME **D MCNAMEE, DONALD**
STREET ADDRESS **1130 MC DANIEL STREET**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE ☐ Change ☒ Addition
NAME **D WEHRLE, LOUIS J. JR.**
STREET ADDRESS **1142 EMERALD DUNES DRIVE**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY
JOHN LUPER

Date

Daytime Phone #

1-22-08 813642.1401