

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90041 029 \*\*\*\*61.25

**DOCUMENT # N43422**

1. Entity Name

**THE MEN'S CLUB OF SUN CITY CENTER, FLORIDA,  
INC.**



Principal Place of Business

1701 WEDGE CT  
SUN CITY CENTER FL 33573  
US

Mailing Address

P.O. BOX 5713  
B-103  
SUN CITY CENTER FL 33571  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E037 (4/07)

Zip

Country

Zip

Country

4. FEI Number

59-3081537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NYMARK, DENNIS V.  
110 S PEBBLE BEACH BLVD  
SUN CITY CENTER FL 33573**

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

**FILE NOW: FEE IS \$61.25  
Due By September 5, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **FISCHER, JOHN A.**  
STREET ADDRESS **1701 WEDGE COURT**  
CITY- ST- ZIP **SUN CITY CENTER FL**

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

TITLE **DT** ☐ Delete  
NAME **SMITHYMAN, JOHN**  
STREET ADDRESS **1927 EAST VIEW DR**  
CITY- ST- ZIP **SUN CITY CENTER FL 33573**

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

TITLE **DP** ☒ Delete  
NAME **CSINTYAN, STEPHEN**  
STREET ADDRESS **2108 NEW BEDFORD DR**  
CITY- ST- ZIP **SUN CITY CENTER FL 33573**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **Al Andersen**  
STREET ADDRESS **2336 Del Webb Blvd E.**  
CITY- ST- ZIP **Sun City Center, FL 33573**

TITLE **DVP** ☐ Delete  
NAME **VOLGENAU, HOWARD**  
STREET ADDRESS **2443 DEL WEBB BLVD E.**  
CITY- ST- ZIP **SUN CITY CENTER FL 33573**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **ASSISTANT TREASURER** ☐ Change ☒ Addition  
NAME **William E. Love**  
STREET ADDRESS **2007 Grantham Greens Dr.**  
CITY- ST- ZIP **Sun City Center, FL 33573**

TITLE ☐ Delete  
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 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:

*William E. Love*

18 July 2007 813 - 634-2749