


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

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|---|---|
| <b>DOCUMENT # P93000000178</b><br>1. Entity Name<br>SUN CITY CENTER HOMES, INC. |  |
|---|---|

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| Principal Place of Business<br>1649 SUN CITY CENTER PLAZA<br>SUITE C<br>SUN CITY CENTER, FL 33573 US | Mailing Address<br>1649 SUN CITY CENTER PLAZA<br>SUITE C<br>SUN CITY CENTER, FL 33573 US |
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04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3165159

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

COUNCIL, SANDRA R  
1649 SUN CITY CENTER PLAZA  
SUN CITY CENTER, FL 33573

**DO NOT WRITE  
IN THIS SPACE**

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 retreating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>COUNCIL, SANDRA R.<br>1649 SUN CITY CENTER PLAZA, SUITE C<br>SUN CITY CENTER, FL 33570 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>DAVIS, ANNE W<br>1649 SUN CITY CENTER PLAZA, SUITE C<br>SUN CITY CENTER, FL 33573     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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05/10/06-80071-023 150.00

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IN THIS SPACE**

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 607, 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: *Sandra R Council, Pres.*