

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 726597

**Entity Name:** SUN CITY CENTER WEST MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

1902 CLUBHOUSE DR  
SUITE C  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

1902 CLUBHOUSE DR  
SUITE C  
SUN CITY CENTER, FL 33573 US

**FEI Number:** 59-2303468

**Certificate of Status Desired:** No

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

APPLETON REISS, PLLC  
215 N HOWARD AVENUE  
SUITE 200  
TAMPA, FL 33606 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:** KEITH D. SKOREWICZ

**08/04/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROBINSON, CHRIS  
Address        1902 CLUBHOUSE DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            VACCARRO, RAY  
Address        1902 CLUBHOUSE DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            COLIINS, SANDY  
Address        1902 CLUBHOUSE DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            ROB, DAVIES  
Address        2201 GREENHAVEN DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            SECRETARY/TREASURER  
Name            ALLEN, JIM  
Address        1902 CLUBHOUSE DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            VP  
Name            WALKER, RODNEY  
Address        1902 CLUBHOUSE DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            CORDELLI, GEORGE  
Address        1902 CLUBHOUSE DR  
City-State-Zip: SUN CITY CENTER FL 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:** CHRIS ROBINSON

**PRESIDENT**

**08/04/2025**

Electronic Signature of Signing Officer/Director Detail

Date