

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006642

Entity Name: SUN CITY CENTER CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**1363 EMERALD DUNES DRIVE
SUN CITY CENTER, FL 33573**Current Mailing Address:**P.O. BOX 6105
SUN CITY CENTER, FL 33571-6105**FEI Number:** 47-1423971**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAWEIN, WALTER G
1363 EMERALD DUNES DRIVE
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CAWEIN, WALTER G
Address 1363 EMERALD DUNES DRIVE
City-State-Zip: SUN CITY CENTER FL 33573

Title CORPORATE TREASURER
Name STEWART, RENA
Address 1614 N. PEBBLE BEACH BLVD1411
 NASHUA CIRCLE
City-State-Zip: SUN CITY CENTER FL 33573

Title VP
Name CHAMBERLAIN, DENISE
Address 1706 MAGNOLIA LANDINGS CT
City-State-Zip: SUN CITY CENTER FL 33573

Title RECORDING SECRETARY
Name ALLEN, BARBARA
Address 310 NOBLE FAIRE DRIVE
City-State-Zip: SUN CITY CENTER FL 33573

Title CORPORATE SECRETARY
Name WHEAT, PAUL
Address 2211 WESTMINSTER MANOR LANE
City-State-Zip: SUN CITY CENTER FL 33573

Title ASST. TREASURER
Name GINLEY, PATRICIA
Address 1340 EMERALD DUNES DRIVE
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name PORRETT, JAMES
Address 1312 VIA TOSCANA WAY
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name ROSANELLI, ROSEMARY
Address 1373 EMERALD DUNES DRIVE
City-State-Zip: SUN CITY CENTER FL 33573

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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: WALTER G. CAWEIN**PRESIDENT****02/17/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MAZE, ANGELA
Address	1610 HOVINGTON CIRCLE
City-State-Zip:	SUN CITY CENTER FL 33573