FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 12 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # **417502** **(2)**

1. Corporation Name
~~PROFESSIONAL COMMUNITY SERVICES CORP~~
FLORIDA LIFESTYLE MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
1904 CLUBHOUSE DR SUN CITY CENTER FL 33573-4351	1904 CLUBHOUSE DR SUN CITY CENTER FL 33573-4351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/23/1973
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-1505694 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 County — 25 Zip — 29 County — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

GREENE, ROBERT E.
C/O P.C.S.C.
1904 CLUBHOUSE DR
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) c/o FLM
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	V/AS/AT	XX Change ☐ Addition
NAME	FLINN, MILT	12 NAME	FLINN, MILTON G.	
STREET ADDRESS	SR 674 & PEBBLE BCH BLVD	13 STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL0	14 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	P	21 TITLE	P	XX Change ☐ Addition
NAME	GREENE, ROBERT	22 NAME	GREENE, ROBERT E.	
STREET ADDRESS	1904 CLUBHOUSE DR	23 STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL0	24 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	ST	31 TITLE	S/V/CFO	XX Change ☐ Addition
NAME	HECKMAN, ERIC	32 NAME	HOOD, THOMAS J.	
STREET ADDRESS	SR 674 & PEBBLE BCH BLVD	33 STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL0	34 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		41 TITLE	D/COB/CEO	☐ Change X Addition
NAME		42 NAME	ACKERMAN, DON E.	
STREET ADDRESS		43 STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP		44 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		51 TITLE	D	☐ Change X Addition
NAME		52 NAME	HOFFMAN,JR., ALFRED	
STREET ADDRESS		53 STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP		54 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		61 TITLE	D	☐ Change X Addition
NAME		62 NAME	PETER, J. LESLIE	
STREET ADDRESS		63 STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP		64 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/4/95 813-634-5548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

041700 FP

ADDITIONS:

V/AS
STARKEY, JERRY LYNN
2020 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573

AS
BASTA, DONALD K.
2020 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573

AS=ASSISTANT SECRETARY
AT=ASSISTANT TREASURER