

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 417502 (2)

1. Corporation Name

FLORIDA LIFESTYLE MANAGEMENT COMPANY

Principal Place of Business

1904 CLUBHOUSE DR  
SUN CITY CENTER FL 33573

Mailing Address

1904 CLUBHOUSE DR  
SUN CITY CENTER FL 33573



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/23/1973

3a. Date of Last Report

04/12/1995

4. FEI Number

59-1505694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

101 Name

102 Street Address (P.O. Box Number is Not Acceptable)

103

104 City

FL

105 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VST  
FLINN, MILTON G  
2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
GREEN, ROBERT E  
2020 CLUBHOUSE DR.  
SUNCITY CENTER FL 33573

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SVC  
HOOD, THOMAS J  
2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DCC  
ACKERMAN, DON E  
2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
HOFFMAN, ALFERD JR  
2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
PETER, LESLIE E  
2020 CLUB HOUSE DR.  
SUN CITY CENTER FL 33573

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

100001802491

-05/01/96--01014--038

\*\*\*200.00

100001802491

-05/01/96--01014--038

\*\*\*81.25

HOFFMAN, ALFRED

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)