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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33573-5912

3. Date Incorporated or Qualified
01/23/1973

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

GREENE, ROBERT E.
C/O FLM
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)

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

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	VST	<input type="checkbox"/> DELETE
NAME	FLINN, MILTON G	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GREEN, ROBERT E	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUNCITY CENTER FL 33573	
TITLE	SVC	<input type="checkbox"/> DELETE
NAME	HOOD, THOMAS J	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DCC	<input type="checkbox"/> DELETE
NAME	ACKERMAN, DON E	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFMAN, ALFRED JR	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETER, LESLIE E	
STREET ADDRESS	2020 CLUB HOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SVC
3.3 STREET ADDRESS	James Dietz
3.4 CITY-ST-ZIP	2020 Clubhouse Dr. Sun City Center, FL 33573
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 officer 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 (9/96)