FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

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

1. Corporate 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Street Address (P.O. Box Number is Not Acceptable)
22 City & State
23 Zip
24 County

2a. Mailing Address
26 Street Address (P.O. Box Number is Not Acceptable)
27 City & State
28 Zip
29 County
30

3. Date Incorporated or Qualified
01/23/1973

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 owes or has paid the current year Intangible Personal Property Tax due June 30 [X] 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 Section 607.0505 or 617.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both. The above named corporation is authorized by its corporate board of directors to accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 or 617.1505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND/OR DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VST	[ ] DELETE	TITLE	[ ] Change	[ ] Addition
NAME	FLINN, MILTON G		NAME		
STREET ADDRESS	2020 CLULBHOUSE DR.		STREET ADDRESS		
CITY ST ZIP	SUN CITY CENTER FL 33573		CITY ST ZIP		
TITLE	P	[ ] DELETE	TITLE	[X] Change	[ ] Addition
NAME	GREEN, ROBERT E		NAME	GREENE	
STREET ADDRESS	2020 CLUBHOUSE DR.		STREET ADDRESS		
CITY ST ZIP	SUNCITY CENTER FL 33573		CITY ST ZIP		
TITLE	SVC	[ ] DELETE	TITLE	[ ] Change	[ ] Addition
NAME	DIETZ, JAMES		NAME		
STREET ADDRESS	2020 CLUBHOUSE DR		STREET ADDRESS		
CITY ST ZIP	SUN CITY CENTER FL		CITY ST ZIP		
TITLE	DCC	[X] DELETE	TITLE	[ ] Change	[X] Addition
NAME	ACKERMAN, DON E		NAME	VD BRASINGTON CHARLES E.	
STREET ADDRESS	2020 CLUBHOUSE DR.		STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY ST ZIP	SUN CITY CENTER FL 33573		CITY ST ZIP	SUN CITY CENTER, FL	
TITLE	D	[ ] DELETE	TITLE	VSD	[ ] Change [X] Addition
NAME	HOFFMAN, ALFRED JR		NAME	STARKEY, JERRY LYNN	
STREET ADDRESS	2020 CLUBHOUSE DR.		STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY ST ZIP	SUN CITY CENTER FL 33573		CITY ST ZIP	SUN CITY CENTER, FL	
TITLE	D	[X] DELETE	TITLE	VD	[ ] Change [X] Addition
NAME	PETER, LESLIE E		NAME	FONTE, ALBERTINA	
STREET ADDRESS	2020 CLUB HOUSE DR.		STREET ADDRESS	1904 CLUBHOUSE DRIVE	
CITY ST ZIP	SUN CITY CENTER FL 33573		CITY ST ZIP	SUN CITY CENTER, FL	

14. I hereby certify that the information supplied with this filing complies with the applicable requirements for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirements to report information required by law and that any 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: Robert E. Greene 2/10/98 (813)634-5548

CR2E034 (10/97)