

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90887 001 \*1,650.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 417502**

1. Entity Name  
**FLORIDA LIFESTYLE MANAGEMENT COMPANY**



**55020985**

Principal Place of Business  
**1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573**

Mailing Address  
**24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**XX** CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-1505694**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HASTINGS, VIVIAN  
24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when appointing)

DATE

**FILE NOW!! FEES: \$160.00  
After May 1, 2003 Fee will be \$560.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**SVP  
FLINN, MILTON G  
24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**SEE ATTACHED FOR ADDITIONAL  
OFFICERS** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**V  
HUMES, JACKIE  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DSVT  
DIETZ, JAMES P  
24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**C  
HOFFMAN, ALFRED JR.  
24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DP  
STARKEY, JERRY L  
24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VS  
HASTINGS, VIVIAN  
24301 WALDEN CENTER DR.  
BONITA SPRINGS, FL 34134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like so empowered.

SIGNATURE:

*Vivian Hastings*

**03/24/03 (239) 498-8605**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Vivien N. Hastings, Secretary**

CR2E034 (10/02)

**ATTACHMENT TO 2003 UNIFORM BUSINESS REPORT  
FOR  
FLORIDA LIFESTYLE MANAGEMENT COMPANY  
DOCUMENT #417502**

**55020985**

**11. Additions and Changes**

**Title: SV** ☐ Change ☒ Addition  
**Name: Charles E. Brasington**  
**Street Address: 24301 Walden Center Drive**  
**City-State-Zip: Bonita Springs, FL 34134**

**Title: V** ☐ Change ☒ Addition  
**Name: Steven C. Adelman**  
**Street Address: 24301 Walden Center Drive**  
**City-State-Zip: Bonita Springs, FL 34134**

**Title: V** ☐ Change ☒ Addition  
**Name: James D. Cullen**  
**Street Address: 24301 Walden Center Drive**  
**City-State-Zip: Bonita Springs, FL 34134**

**Title: AS** ☐ Change ☒ Addition  
**Name: Sylvia Keith**  
**Street Address: 24301 Walden Center Drive**  
**City-State-Zip: Bonita Springs, FL 34134**