

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004145

1. Corporation Name
ASTON GARDENS AT SUN CITY CENTER NORTH, INC.

Principal Place of Business
**2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33571-5698**

Mailing Address
**2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33571-5698**

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90077 009 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11 137 S. Pebble Beach Blvd. Suite, Apt. #, etc. 12 Suite 101 City & State 13 Sun City Center FL Zip 14 33573 Country 15 USA		2a. Mailing Address 26 137 S. Pebble Beach Blvd. Suite, Apt. #, etc. 27 Suite 101 City & State 28 Sun City Center Zip 29 33573 Country 30 USA		3. Date Incorporated or Qualified 08/06/1997	
4. FEI Number 65-0733336		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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

**FINN, MILTON G
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33571-5698**

10. Name and Address of New Registered Agent

81 Name **Richard Hutchinson**
82 Street Address (P.O. Box Number is Not Acceptable)
137 S. Pebble Beach Blvd.
83 **Suite 201**
84 City **Sun City Center** FL 85 Zip Code **33573**

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 day if applicable.

(NOTE: Registered Agent signature required when re-registering)

6/4/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PCFO
NAME	STARKEY, JERRY L	1.2 NAME	Smith, Scott
STREET ADDRESS	2020 CLUBHOUSE DRIVE	1.3 STREET ADDRESS	137 S. Pebble Beach Blvd. Suite 101
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	CD	2.1 TITLE	D
NAME	HOFFMAN, ALFRED	2.2 NAME	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	2.3 STREET ADDRESS	137 S. Pebble Beach Blvd. Suite 101
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	S	3.1 TITLE	D
NAME	FINN, MITON G	3.2 NAME	Ackerman, Don E.
STREET ADDRESS	2020 CLUBHOUSE DRIVE	3.3 STREET ADDRESS	137 S. Pebble Beach Blvd. Suite 101
CITY-ST-ZIP	SUN CITY CENTER FL	3.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	AS	4.1 TITLE	V
NAME	KEITH, SYLVIA	4.2 NAME	Paul Batt
STREET ADDRESS	2020 CLUBHOUSE DRIVE	4.3 STREET ADDRESS	137 S. Pebble Beach Blvd. Suite 101
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	V	5.1 TITLE	VAS
NAME	BOBBITT, JACKIE	5.2 NAME	
STREET ADDRESS	2020 CLUBHOUSE DR	5.3 STREET ADDRESS	137 S. Pebble Beach Blvd. Suite 101
CITY-ST-ZIP	SUN CITY CENTER FL	5.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	T	6.1 TITLE	STV
NAME	HUTCHINSON, RICHARD	6.2 NAME	
STREET ADDRESS	2020 CLUBHOUSE DR	6.3 STREET ADDRESS	137 S. Pebble Beach Blvd. Suite 101
CITY-ST-ZIP	SUN CITY CENTER FL	6.4 CITY-ST-ZIP	Sun City Center, FL 33573

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

RICHARD HUTCHINSON IN SOON WILL PRES. 4/26/99 813633 5820