

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004145

1. Entity Name

ASTON GARDENS AT SUN CITY CENTER NORTH, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90268 020 ***150.00

Principal Place of Business	Mailing Address
137 S PEBBLE BCH RD STE 101 SUN CITY CENTER FL 33573	137 S PEBBLE BCH RD STE 101 SUN CITY CENTER FL 33573-5708

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0733336	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHINSON, RICHARD
137 S PEBBLE BCH BLVD
STE 201
SUN CITY CENTER FL 33573

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCFO <input checked="" type="checkbox"/> Delete	TITLE	PCEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, SCOTT	NAME	MYER, RONALD
STREET ADDRESS	137 S PEBBLE BCH BLVD STE 101	STREET ADDRESS	137 S Pebble Beach Blvd, Suite 101
CITY-ST-ZIP	SUN CITY CENTER FL 33573	CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	CD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, ALFRED	NAME	HOFFMAN, ALFRED JR
STREET ADDRESS	2020 CLUBHOUSE DRIVE	STREET ADDRESS	137 S Pebble Beach Blvd, Suite 101
CITY-ST-ZIP	SUN CITY CENTER FL	CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLINN, MITON G	NAME	ACKERMAN, DON E
STREET ADDRESS	2020 CLUBHOUSE DRIVE	STREET ADDRESS	137 S Pebble Beach Blvd, Suite 101
CITY-ST-ZIP	SUN CITY CENTER FL	CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, SYLVIA	NAME	BATT, PAUL
STREET ADDRESS	2020 CLUBHOUSE DRIVE	STREET ADDRESS	137 S Pebble Beach Blvd, Suite 101
CITY-ST-ZIP	SUN CITY CENTER FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBBITT, JACKIE	NAME	
STREET ADDRESS	2020 CLUBHOUSE DR	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	V/CFO/ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, RICHARD	NAME	
STREET ADDRESS	2020 CLUBHOUSE DR	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:		Date	4-12-00	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E034 (9/99)

197000004143

Attachment
00066344

II. OFFICERS AND DIRECTORS

TITLE	V
NAME	HOFFMAN, MATTHEW P.
ST.ADDRESS	137 S. PEBBLE BEACH BLVD.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573