2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 26, 2001 8:00 am Secretary of State DOCUMENT # F9700004145 1. Entity Name ASTON GARDENS AT SUN CITY CENTER NORTH, INC. 03-26-2001 90155 044 ***150.00 Principal Place of Business Mailing Address 137 S PEBBLE BCH RD 137 S PEBBLE BCH RD **STE 101** STE 101 νυισυγ SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0733336 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUTCHINSON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 137 S PEBBLE BCH BLVD STE 201 SUN CITY CENTER FL 33573 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing ---\$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PICEO Change Addition **PCFO** □ Delete TITLE TITLE MYERS MYER. RONALD NAME NAME 137 S PEBBLE BEACH BLVD SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Addition ☐ Change ☐ Delete TITLE TITLE HOFFMAN, ALFRED JR NAME NAME STREET ADDRESS 137 S PEBBLE BEACH BLVD SUITE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 Change ☐ Addition TITLE ☐ Delete TITLE NAME ACKERMAN, DON E NAME STREET ADDRESS 137 S PEBBLE BEACH BLVD SUITE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SUN CITY CENTER FL 33573 ☐ Change Addition Delete TITLE TITLE PALANT CHARLES BATT, PAUL NAME NAME <=_SAME 137 S KPEBBLE BEACH BLVD SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Change ☐ Addition TITLE VAS Delete TITLE DON NORTON NAME BOBBITT, JACKIE NAME € SAME STREET ADDRESS STREET ADDRESS 2020 CLUBHOUSE DR CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL V / CFO **⊠** Change ☐ Addition **VCEO** ☐ Delete TITLE TITLE HUTCHINSON, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 2020 CLUBHOUSE DR CITY-ST-ZIP CITY-ST-7IP SUN CITY CENTER FL 13. It hereby certify that the information supplied with this filling 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 true ee 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 simple overed.

Date

Daytime Phone #