2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

04-28-2006 90197 001 ***150.00 DOCUMENT # F97000004145 1. Entity Name ASTON GARDENS AT SUN CITY CENTER NORTH, INC. 60030395 Principal Place of Business Mailing Address 137 S PEBBLE BCH RD 137 S PEBBLE BCH RD STE 101 STF 101 SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02232006 Chg-P 201 CR2E034 (11/05) 201 4. FEI Number City & State Applied For City & State 65-0733336 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE 🕽 Delete 40ftman, Mar HOFFMAN, ALFRED JR NAME NAME Beach Blvd, # 201 er, FL 33573 STREET ADDRESS 137 S PEBBLE BEACH BLVD SUITE 101 STREET ADDRESS SUN CITY CENTER, FL 33573 CITY-ST-ZIP CITY-ST-ZIP DCEO ☐ Delete TITLE TITLE ACKERMAN, DON E NAME STREET ADDRESS 137 So. Pebble Beach BIVA, #201 NAME 137 S PEBBLE BEACH BLVD SUITE 101~ STREET ADDRESS SUN CITY CENTER, FL 33573 CITY-ST-ZIP CITY-ST-ZIP VCFO ☐ Change ☐ Addition TITLE Delete TITLE HUTCHINSON, RICHARD NAME NAME STREET ADDRESS 2020 CLUBHOUSE DR STREET ADDRESS SUN CITY CENTER, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete COSTELLO, TOM NAME NAME 137 S. PEBBLE BEACH BLVD STE 201 STREET ADDRESS STREET ADDRESS SUN CITY CENTER, FL 33573 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Apr 28, 2006 8:00 am Secretary of State