

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-01-1999 90077 008 ***150.00

DOCUMENT # F98000003645

1. Corporation Name

ASTON GARDENS AT PELICAN MARSH, INC.

Principal Place of Business

2020 CLUBHOUSE DRIVE
PO BOX 5698
SUN CITY CENTER FL 33571

Mailing Address

2020 CLUBHOUSE DRIVE
PO BOX 5698
SUN CITY CENTER FL 33571

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1998

4. FEI Number

APPLIED FOR 59-3518598

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

2. Principal Place of Business

137 S. Pebble Beach Blvd.

2a. Mailing Address

137 S. Pebble Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Sun City Center, FL

Sun City Center, FL

Zip

Country

Zip

Country

33573 25 USA

33573 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUTCHINSON, RICHARD
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33571

Address change
only

81 Name

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCFO ☐ DELETE

NAME SMITH, SCOTT
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33571

TITLE V ☒ DELETE

NAME BLOOMQUIST, JIM
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33571

TITLE ST ☐ DELETE

NAME HUTCHINSON, RICHARD
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33571

TITLE VAS ☐ DELETE

NAME BOBBITT, JACKIE
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33571

TITLE D ☐ DELETE

NAME ACKERMAN, DON E
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33571

TITLE D ☐ DELETE

NAME HOFFMAN, ALFRED JR
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33571

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 137 S. Pebble Beach Blvd. Suite 101
1.4 CITY-ST-ZIP Sun City Center, FL 33573

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME Paul Batt
2.3 STREET ADDRESS 137 S. Pebble Beach Blvd. Suite 101
2.4 CITY-ST-ZIP Sun City Center, FL 33573

3.1 TITLE STV ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 137 S. Pebble Beach Blvd. Suite 101
3.4 CITY-ST-ZIP Sun City Center, FL 33573

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 137 S. Pebble Beach Blvd. Suite 101
4.4 CITY-ST-ZIP Sun City Center, FL 33573

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 137 S. Pebble Beach Blvd. Suite 101
5.4 CITY-ST-ZIP Sun City Center, FL 33573

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS 137 S. Pebble Beach Blvd. Suite 101
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)(i), 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 of 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 (11/98)