

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 5898  
SUN CITY CENTER FL 33571

Mailing Address  
2020 CLUBHOUSE DRIVE  
PO BOX 5898  
SUN CITY CENTER FL 33571

2. Principal Place of Business  
137 S. Pebble Beach Blvd.  
Suite, Apt. #, etc.  
Suite 101  
City & State  
Sun City Center, Fl.  
Zip 33573 Country USA  
26 27 28 29 30

2a. Mailing Address  
137 S. Pebble Beach Blvd.  
Suite, Apt. #, etc.  
Suite 101  
City & State  
Sun City Center, Fl.  
Zip 33573 Country USA

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent

HUTCHINSON, RICHARD  
2020 CLUBHOUSE DRIVE  
SUN CITY CENTER FL 33571

Address change  
only

10. Name and Address of New Registered Agent  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCFO	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SCOTT		
STREET ADDRESS	2020 CLUBHOUSE DRIVE		
CITY-ST-ZIP	SUN CITY CENTER FL 33571		
TITLE	V	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOOMQUIST, JIM		
STREET ADDRESS	2020 CLUBHOUSE DRIVE		
CITY-ST-ZIP	SUN CITY CENTER FL 33571		
TITLE	ST	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, RICHARD		
STREET ADDRESS	2020 CLUBHOUSE DRIVE		
CITY-ST-ZIP	SUN CITY CENTER FL 33571		
TITLE	VAS	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBBITT, JACKIE		
STREET ADDRESS	2020 CLUBHOUSE DRIVE		
CITY-ST-ZIP	SUN CITY CENTER FL 33571		
TITLE	D	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERMAN, DON E		
STREET ADDRESS	2020 CLUBHOUSE DRIVE		
CITY-ST-ZIP	SUN CITY CENTER FL 33571		
TITLE	D	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, ALFRED JR		
STREET ADDRESS	2020 CLUBHOUSE DRIVE		
CITY-ST-ZIP	SUN CITY CENTER FL 33571		

CR2E034 (1/1/98)

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 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:  **RICHARD HUTCHINSON, VICE PRES.** **6/16/99** **513-623-5870**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #