
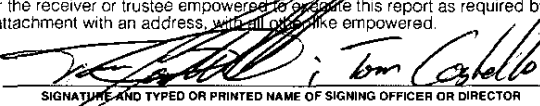


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90675 037 ***150.00

DOCUMENT # F98000003645 1. Entity Name ASTON GARDENS AT PELICAN MARSH, INC.					
Principal Place of Business 137 S PEBBLE BEACH BLVD SUITE 101 SUN CITY CENTER, FL 33573 US			Mailing Address 137 S PEBBLE BEACH BLVD SUITE 101 SUN CITY CENTER, FL 33573 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3518598	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUTCHINSON, RICHARD 137 S PEBBLE BEACH BLVD SUITE 201 SUN CITY CENTER, FL 33573				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGENENDT, HARRY E JR 137 S PEBBLE BEACH BLVD., SUITE 101 SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tom Costello 137 S Pebble Beach Blvd, Suite 101 Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS HUTCHINSON, RICHARD 137 S PEBBLE BEACH BLVD., SUITE 101 SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRISON, THOMAS 137 S PEBBLE BEACH BLVD., SUITE 101 SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACKERMAN, DON E 137 S PEBBLE BEACH BLVD., SUITE 101 SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, ALFRED JR 137 S PEBBLE BEACH BLVD., SUITE 101 SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/27/04 Daytime Phone #: 813-633-5886		

94078963



04272004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

FL Zip Code