

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90064 049 \*\*\*150.00

**DOCUMENT # F98000003646**

**1. Entity Name**  
**ASTON GARDENS AT PARKLAND COMMONS, 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**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3512601**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HUTCHINSON, RICHARD**  
**137 S PEBBLE BEACH BLVD**  
**SUITE 201**  
**SUN CITY CENTER FL 33573**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐  
 Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	MYERS, RONALD	
STREET ADDRESS	137 S PEBBLE BEACH BLVD SUITE 101	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PALANT, CHARLES	
STREET ADDRESS	137 S PEBBLE BEACH, SUITE 101	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	HUTCHINSON, RICHARD	
STREET ADDRESS	137 S PEBBLE BEACH, SUITE 101	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NORTON, DON	
STREET ADDRESS	137 S PEBBLE BEACH, SUITE 101	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, ALFRED JR	
STREET ADDRESS	137 S PEBBLE BEACH, SUITE 101	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACKERMAN, DON E	
STREET ADDRESS	137 S PEBBLE BEACH, SUITE 101	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harrison, Thomas	
STREET ADDRESS	137 S. Pebble Beach Blvd., Suite 101	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angenendt, Harry E., Jr	
STREET ADDRESS	137 S. Pebble Beach Blvd., Suite 101	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. 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 11 or Block 12 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 (9/01)