

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 91129 001 ***122.50

0045147

DOCUMENT # NO1000004667

1. Entity Name

**ASTON GARDENS AT TAMPA BAY MASTER ASSOCIATION, I
NC.**



Principal Place of Business

**7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637**

Mailing Address

**7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637**

55047383



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3599284**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**UNIVERSITY PROPERTIES, INC.
7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, MATTHEW	
STREET ADDRESS	137 SOUTH PEBBLE BEACH BLVD.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, THOMAS	
STREET ADDRESS	137 SOUTH PEBBLE BEACH BLVD.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENJAMIN, BEVERLY	
STREET ADDRESS	11702 LAKE ASTON CT.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	T	<input type="checkbox"/> Delete
NAME	GERIACH, GERALD	
STREET ADDRESS	137 S. PEBBLE BEACH BLVD.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly Benjamin	
STREET ADDRESS	11702 Lake Aston Court	
CITY-ST-ZIP	TAMPA, FLA 33626	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Howard	
STREET ADDRESS	11702 Lake Aston Court	
CITY-ST-ZIP	TAMPA, FLA 33626	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephanie Thaller	
STREET ADDRESS	11702 LAKE ASTON CT	
CITY-ST-ZIP	TAMPA, FLA 33626	
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		

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 617, 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:

Stephanie D. Thaller

05-14-03

(813) 955-2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/02)