


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 28 AM 8:52

DOCUMENT # N03000010957					
1. Entity Name ASTON GARDENS AT VENICE MASTER ASSOCIATION, INC.					
Principal Place of Business 137 SOUTH PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573			Mailing Address 137 SOUTH PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573		
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 59-3696527	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SZABO, STEPHEN J III, ESQ 100 NORTH TAMPA STREET, SUITE 2700 TAMPA, FL 33602			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 _____				600054346876 05/12/05--01086--004 **111.25	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATTINSON, DEBBIE 137 SOUTH PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TOM COSTELLO 137 S PEBBLE BEACH BLVD, STE 201 SUN CITY CENTER, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURNETT, CAROL 137 SOUTH PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AKERS, CHERYL 137 SOUTH PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGLIARDO, PETER 137 SOUTH PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, MATTHEW 137 SOUTH PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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: _____ <i>Thomas Costello</i> 3/24/05 813-633-5886					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					