

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007042 (1)
 1. Corporation Name
ASBURY ARMS NORTH, INC.



Principal Place of Business 1430 DIXON BOULEVARD COCOA FL 32922	Mailing Address 1430 DIXON BOULEVARD COCOA FL 32922
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3. Date Incorporated or Qualified
12/18/1997

4. FEI Number 59-3486188	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**DIVITO, JOSEPH A
4514 CENTRAL AVENUE
ST. PETERSBURG FL 33711**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	IVEY, WADE A	
STREET ADDRESS	275 EAGLE LANE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WINNER, WILLIAM R	
STREET ADDRESS	1002 BARTON BOULEVARD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STEPHENSON, WILLIAM H	
STREET ADDRESS	2540 FAIRFIELD DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HESLOP, WILLIAM R	
STREET ADDRESS	3507 ROCKY GAP PLACE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PATRICK, SANDRA F	
STREET ADDRESS	2816 TULANE DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Maurice F. Buckner	
1.3 STREET ADDRESS	6030 Ranchwood Dr.	
1.4 CITY-ST-ZIP	Cocoa, FL 32922	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert W. Atchley	
2.3 STREET ADDRESS	3 N. Hardee Cr.	
2.4 CITY-ST-ZIP	Rockledge, FL 32955	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William L. Booth	
3.3 STREET ADDRESS	1301 Turnberry Ct.	
3.4 CITY-ST-ZIP	Rockledge, FL 32955-2532	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carol M. Simpson	
4.3 STREET ADDRESS	2403 Mercer Dr.	
4.4 CITY-ST-ZIP	Cocoa, FL 32926	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert C. Woolfe	
5.3 STREET ADDRESS	1795 Hidden Lake Dr.	
5.4 CITY-ST-ZIP	Rockledge, FL 32955	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Carl C. Russell	
6.3 STREET ADDRESS	1493 Rockledge Dr.	
6.4 CITY-ST-ZIP	Rockledge, FL 32955-3719	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (10/97)