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**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90037 010 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N97000007042

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

253933 - 90037 - 10



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/18/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3486188	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DMITO, JOSEPH A 4514 CENTRAL AVENUE ST. PETERSBURG FL 33711				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVEY, WADE A	1.2 NAME	Patrick, Sandra B.
STREET ADDRESS	275 EAGLE LANE	1.3 STREET ADDRESS	2816 Tulane Dr.
CITY-ST-ZIP	MERRITT ISLAND FL 32953	1.4 CITY-ST-ZIP	Cocoa, FL 32926
TITLE	DV	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINNER, WILLIAM R	2.2 NAME	Russell, Carl C.
STREET ADDRESS	1002 BARTON BOULEVARD	2.3 STREET ADDRESS	1493 Rockledge Dr.
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	Rockledge, FL 32955-3719
TITLE	DV	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENSON, WILLIAM H	3.2 NAME	Hawkins, Betty L.
STREET ADDRESS	2540 FAIRFIELD DRIVE	3.3 STREET ADDRESS	881 West Port Dr.
CITY-ST-ZIP	COCOA FL 32926	3.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	DT	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESLOP, WILLIAM R	4.2 NAME	Atchley, Robert W.
STREET ADDRESS	3507 ROCKY GAP PLACE	4.3 STREET ADDRESS	3 N. Hardee Circle
CITY-ST-ZIP	COCOA FL 32926	4.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	DS	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK, SANDRA F	5.2 NAME	Booth, William L.
STREET ADDRESS	2816 TULANE DRIVE	5.3 STREET ADDRESS	1301 Turnberry Ct.
CITY-ST-ZIP	COCOA FL 32926	5.4 CITY-ST-ZIP	Rockledge, FL 32955-2532
TITLE	D	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, CARL C.	6.2 NAME	Dean Nancy
STREET ADDRESS	1495 ROCKLEDGE DR	6.3 STREET ADDRESS	4420 Hartville Ave.
CITY-ST-ZIP	ROCKLEDGE FL 32955	6.4 CITY-ST-ZIP	Cocoa, FL 32926

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1-25-99 DAYTIME PHONE: 407-632-8697

CR2E037 (1/198)

253433-90051-10  
N97000007042

ASBURY ARMS NORTH, INC.  
Board of Directors  
(Cont'd.)

Title  
Name  
Street Address  
City-St-Zip

D  
Woolfe, Robert C.  
1795 Hidden Lake Dr.  
Rockledge, FL 32955

[ X ] Addition

