


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90425 047 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N97000007042					
1. Entity Name ASBURY ARMS NORTH, INC.					
Principal Place of Business 1430 DIXON BOULEVARD COCOA, FL 32922			Mailing Address 1430 DIXON BOULEVARD COCOA, FL 32922		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3486188					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DIVITO, JOSEPH A 4514 CENTRAL AVENUE ST. PETERSBURG, FL 33711					
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent's signature required when transferring)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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	P IVEY, WADE A 275 EAGLE LANE MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Winner, William R 1002 Barton Blvd Rockledge, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, NANCY 4420 HARTVILLE AVE COCOA, FL 32926	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Giel, Barbara R. 200 Martin Dr. Merritt Island, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PATRICK, SANDRA F 2816 TULANE DRIVE COCOA, FL 32926	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norton, David 1925 Lazy Ln COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, FLOYD 104 DUDLEY DR ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wooten, Heland W., Jr 2167 Hedgerow Dr. Merritt Island, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEFFIELD, MARIANNE 1388 INDIAN OAKS BLVD ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Russell, Carl C. 1493 Rockledge Dr. Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEFFIELD, MARIANNE 1515 HUNTINGTON LANE ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larnabee, Carl 2622 Horseshoe Ct. COCOA, FL 32926
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sandra Patrick</u> Sandra Patrick 4-28-06 321 632-4943					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year					

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