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May 01, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V27410

1. Corporation Name

COURTYARDS AT SUN CITY CENTER, INC.

Principal Place of Business

2020 CLUBHOUSE DR
P O BOX 5698
SUN CITY CENTER FL 33573
US

Mailing Address

2020 CLUBHOUSE DR
P O BOX 5698
SUN CITY CENTER FL 33573
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1992

4. FEI Number
59-3130310

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 137 S. Pebble Beach Blvd.

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Sun City Center, FL

Zip

24 33573

Country

25 USA

2a. Mailing Address

26 137 S. Pebble Beach Blvd.

Suite, Apt. #, etc.

27 Suite 101

City & State

28 Sun City Center, FL

Zip

29 33573

Country

30 USA

9. Name and Address of Current Registered Agent

FLINN, MILTON
2020 CLUBHOUSE DR
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name Richard Hutchinson

82 Street Address (P.O. Box Number is Not Acceptable)

137 S. Pebble Beach Blvd.

83 Suite 201

84 City Sun City Center

FL

85 Zip Code
33573

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

RICHARD HUTCHINSON

4/26/99

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
HOFFMAN, ALFRED, JR.
1602 W. TIMBERLANE DR.
PLANT CITY FL

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
ACKERMAN, DON E.
1602 W. TIMBERLANE DR.
PLANT CITY FL

TITLE D ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PETER, E. LESLIE
1602 W. TIMBERLANE DR.
PLANT CITY FL

TITLE V ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
FLINN, MILTON
2020 CLUBHOUSE DR PO BOX 5698
SUN CITY CENTER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
137 S. Pebble Beach Blvd. Suite 101
Sun City Center, FL. 33573

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
137 S. Pebble Beach Blvd. Suite 101
Sun City Center, FL. 33573

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
PCFO
Smith, Scott
137 S. Pebble Beach Blvd. Suite 101
Sun City Center, FL. 33573

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
STV
Richard Hutchinson
137 S. Pebble Beach Blvd. Suite 101
Sun City Center, FL. 33573

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
VAS
Bobbitt, Jackie
137 S. Pebble Beach Blvd. Suite 101
Sun City Center, FL. 33573

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
V
Paul Batt
137 S. Pebble Beach Blvd. Suite 101
Sun City Center, FL. 33573

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD HUTCHINSON, VICE PRES. 4/26/99 613 633 5820

CR2E034 (1/98)

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