


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90063 033 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>137 S. Pebble Beach Blvd.</b>		2a. Mailing Address 26 <b>137 S. Pebble Beach Blvd.</b>		3. Date incorporated or Qualified <b>04/09/1992</b>	
Suite, Apt. #, etc. 22 <b>Suite 101</b>		Suite, Apt. #, etc. 27 <b>Suite 101</b>		4. FEI Number <b>59-3130310</b>	
City & State 23 <b>Sun City Center, FL</b>		City & State 28 <b>Sun City Center, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33573</b>		Country 25 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country 29 <b>USA</b>		Zip 30 <b>33573</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FLINN, MILTON</b> 2020 CLUBHOUSE DR SUN CITY CENTER FL 33573				10. Name and Address of New Registered Agent			
81 Name <b>Richard Hutchinson</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>137 S. Pebble Beach Blvd</b>		83 <b>Suite 201</b>			
84 City <b>Sun City Center</b>		85 State <b>FL</b>		86 Zip Code <b>33573</b>			

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: *Richard Hutchinson* **RICHARD HUTCHINSON** 4/26/99  
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HOFFMAN, ALFRED, JR.</b>	1.2 NAME			
STREET ADDRESS	<b>1602 W. TIMBERLANE DR.</b>	1.3 STREET ADDRESS	<b>137 S. Pebble Beach Blvd. Suite 101</b>		
CITY-ST-ZIP	<b>PLANT CITY FL</b>	1.4 CITY-ST-ZIP	<b>Sun City Center, FL. 33573</b>		
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ACKERMAN, DON E.</b>	2.2 NAME			
STREET ADDRESS	<b>1602 W. TIMBERLANE DR.</b>	2.3 STREET ADDRESS	<b>137 S. Pebble Beach Blvd. Suite 101</b>		
CITY-ST-ZIP	<b>PLANT CITY FL</b>	2.4 CITY-ST-ZIP	<b>Sun City Center, FL. 33573</b>		
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>PETER, E. LESLIE</b>	3.2 NAME	<b>PCFO</b>		
STREET ADDRESS	<b>1602 W. TIMBERLANE DR.</b>	3.3 STREET ADDRESS	<b>Smith, Scott</b>		
CITY-ST-ZIP	<b>PLANT CITY FL</b>	3.4 CITY-ST-ZIP	<b>137 S. Pebble Beach Blvd. Suite 101</b>		
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>FLINN, MILTON</b>	4.2 NAME	<b>STV</b>		
STREET ADDRESS	<b>2020 CLUBHOUSE DR PO BOX 5698</b>	4.3 STREET ADDRESS	<b>Richard Hutchinson</b>		
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	4.4 CITY-ST-ZIP	<b>137 S. Pebble Beach Blvd. Suite 101</b>		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		5.2 NAME	<b>VAS</b>		
STREET ADDRESS		5.3 STREET ADDRESS	<b>Bobbitt, Jackie</b>		
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>137 S. Pebble Beach Blvd. Suite 101</b>		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		6.2 NAME	<b>V</b>		
STREET ADDRESS		6.3 STREET ADDRESS	<b>Paul Batt</b>		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>137 S. Pebble Beach Blvd. Suite 101</b>		

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: *Richard Hutchinson* **RICHARD HUTCHINSON, VICE PRES.** 4/26/99 **613 633 5820**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)