

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90675 038 ***150.00

DOCUMENT # V27410

1. Entity Name
COURTYARDS AT SUN CITY CENTER, INC.



Principal Place of Business
137 S. PEBBLE BCH BLVD
STE 101
SUN CITY CENTER, FL 33573 US

Mailing Address
137 S. PEBBLE BCH BLVD
STE 101
SUN CITY CENTER, FL 33573 US

94078962



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3130310
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HUTCHISON, RICHARD
137 S. PEBBLE BCH BLVD
STE 101
SUN CITY CENTER, FL 33573

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, ALFRED, JR.	
STREET ADDRESS	137 S. PEBBLE BCH BLVD- STE 101	
CITY-ST-ZIP	SUN CITY CTR, FL 33573	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ACKERMAN, DON E.	
STREET ADDRESS	137 S. PEBBLE BCH BLVD- STE 101	
CITY-ST-ZIP	SUN CITY CTR, FL 33573	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	HARRISON, THOMAS	
STREET ADDRESS	137 S. PEBBLE BEACH BLVD. STE. 101	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	STV	<input type="checkbox"/> Delete
NAME	HUTCHISON, RICHARD	
STREET ADDRESS	137 S. PEBBLE BCH BLVD- STE 101	
CITY-ST-ZIP	SUN CITY CTR, FL 33573	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANGENENDT, HARRY E. JR	
STREET ADDRESS	137 S. PEBBLE BCH BLVD- STE 101	
CITY-ST-ZIP	SUN CITY CTR, FL 33573	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOFFMAN, MATTHEW	
STREET ADDRESS	137 S PEBBLE BCH BLVD STE 101	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Costello	
STREET ADDRESS	137 S. Pebble Bch Blvd Ste 101	
CITY-ST-ZIP	Sun City Ctr, FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 607, 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: Tom Costello 4/27/04 813-633-5886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #