


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90315 023 ***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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. <i>Suite 201</i>	Suite, Apt. #, etc. <i>Suite 201</i>
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City & State	City & State
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Zip	Country	Zip	Country
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30037178



03232005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3130310	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUTCHISON, RICHARD 137 S. PEBBLE BCH BLVD STE 101 SUN CITY CENTER, FL 33573	
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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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, ALFRED, JR. 137 S. PEBBLE BCH BLVD- STE 101 201 SUN CITY CTR, FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACKERMAN, DON E. 137 S. PEBBLE BCH BLVD- STE 101 201 SUN CITY CTR, FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP P HARRISON, THOMAS 137 S. PEBBLE BEACH BLVD. STE. 101 201 SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV HUTCHISON, RICHARD 137 S. PEBBLE BCH BLVD- STE 101 201 SUN CITY CTR, FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGENENDT, HARRY E. JR 137 S. PEBBLE BCH BLVD- STE 101 SUN CITY CTR, FL 33573 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOFFMAN, MATTHEW 137 S PEBBLE BCH BLVD STE 101 SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tom Costello 137 S Pebble Beach Blvd Suite 201 Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  *Thomas Costello* 3/24/05 913-633-5886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #