

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717725

Entity Name: ASBURY ARMS, INC.

Current Principal Place of Business:

80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801

Current Mailing Address:

80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801 US

FEI Number: 23-7070334

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KEITH, HENRY T
80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name HULL, C. WILLIAM
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title EXECUTIVE VP/ASST. SECRETARY
Name STEVENS, ROGER A
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title SENIOR VP/TREASURER
Name KEITH, HENRY T
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name DYE, STEPHEN R
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name STURM, RICHARD V
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title CHAIRMAN/PRESIDENT
Name BOGNER, JAMES B
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name SHANNON, EUGENIA R
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MC CULLY, AL C
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROGER A STEVENS

EXECUTIVE VP

03/26/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BUSTLE, D. GREG
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MILTON, V, JOHN
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name TROVILLION, R. ALLEN
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name HILLENMEYER, JOHN W
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name PHILLIPS, MARJORIE J
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801