

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000007042

**Entity Name:** ASBURY ARMS NORTH, INC.

**Current Principal Place of Business:**

80 WEST LUCERNE CIR  
ORLANDO, FL 32801

**Current Mailing Address:**

80 WEST LUCERNE CIR  
ORLANDO, FL 32801

**FEI Number:** 59-3486188

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

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

Title DIRECTOR  
Name BELL, WILLIAM O  
Address 80 WEST LUCERNE CIR  
City-State-Zip: ORLANDO FL 32801

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

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

Title EXECUTIVE VP, ASSISTANT SECRETARY  
Name ROGERS, TERENCE E  
Address 80 WEST LUCERNE CIR  
City-State-Zip: ORLANDO FL 32801

Title SECRETARY  
Name DYE, STEPHEN  
Address 80 WEST LUCERNE CIR  
City-State-Zip: ORLANDO FL 32801

*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:** TERENCE ROGERS

**EXECUTIVE VICE  
PRESIDENT**

**03/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date