

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007042

FILED
Mar 04, 2015
Secretary of State
CC7285745264

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	DIRECTOR	Title	EXECUTIVE VP/ASST. SECRETARY
Name	STURM, RICHARD V	Name	STEVENS, ROGER A
Address	80 WEST LUCERNE CIR	Address	80 WEST LUCERNE CIR
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	SENIOR VP/TREASURER	Title	CHAIRMAN/PRESIDENT
Name	KEITH, HENRY T	Name	BOGNER, JAMES B
Address	80 WEST LUCERNE CIR	Address	80 WEST LUCERNE CIR
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	SECRETARY	Title	DIRECTOR
Name	DYE, STEPHEN R	Name	HILLENMEYER, JOHN W
Address	80 WEST LUCERNE CIR	Address	80 WEST LUCERNE CIR
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR	Title	DIRECTOR
Name	MILTON, V, JOHN	Name	PHILLIPS, MARJORIE J
Address	80 WEST LUCERNE CIR	Address	80 WEST LUCERNE CIR
City-State-Zip:	ORLANDO FL 32801	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

03/04/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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