## 2014 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

FILED Feb 12, 2014

**Secretary of State** 

CC3334160737

## Officer/Director Detail:

Title DIRECTOR	Title	EXECUTIVE VP/ASST. SECRETARY
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NameSTURM, RICHARD VNameSTEVENS, ROGER AAddress80 WEST LUCERNE CIRAddress80 WEST LUCERNE CIRCity-State-Zip:ORLANDO FL 32801City-State-Zip:ORLANDO FL 32801

Title CHAIRMAN/PRESIDENT Title SENIOR VP/TREASURER Name BOGNER, JAMES B KEITH, HENRY T Name Address 80 WEST LUCERNE CIR Address 80 WEST LUCERNE CIR ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801 City-State-Zip:

Title SECRETARY Title DIRECTOR

NameDYE, STEPHEN RNameSHANNON, EUGENIA RAddress80 WEST LUCERNE CIRAddress80 WEST LUCERNE CIRCity-State-Zip:ORLANDO FL 32801City-State-Zip:ORLANDO FL 32801

Title DIRECTOR Title DIRECTOR

NameBUSTLE, D. GREGNameHILLENMEYER, JOHN WAddress80 WEST LUCERNE CIRAddress80 WEST LUCERNE CIRCity-State-Zip:ORLANDO FL 32801City-State-Zip:ORLANDO FL 32801

Continues on page 2

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 VICE PRESIDENT

02/12/2014

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name MC CULLY, AL C

Address 80 WEST LUCERNE CIR

City-State-Zip: ORLANDO FL 32801

Title DIRECTOR

Name PHILLIPS, MARJORIE J Address 80 WEST LUCERNE CIR

City-State-Zip: ORLANDO FL 32801

Title DIRECTOR

Name MILTON, V, JOHN

Address 80 WEST LUCERNE CIR

City-State-Zip: ORLANDO FL 32801