

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90123 027 ****61.25

DOCUMENT # 725866

1. Entity Name

SANDY COVE 3 ASSOCIATION, INC.



Principal Place of Business

**C/OARGUS PROPERTY MGMT
P.O. BOX 25065
SARASOTA FL 34277
US**

Mailing Address

**C/OARGUS PROPERTY MGMT
P.O. BOX 25065
SARASOTA FL 34277
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1706447**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARGUS PROPERTY MANAGEMENT INC.
2477 STICKNEY POINT ROAD, SUITE 118A
SARASOTA FL 34231**

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

3/6/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	MCALLISTER, JOAN	
STREET ADDRESS	218 PASS KEY ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOGGESE, BLAKE	
STREET ADDRESS	215 PASS KEY ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUFF, JUDY	
STREET ADDRESS	116 PASS KEY ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARRO, EDUARDO M	
STREET ADDRESS	217 PASS KEY ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, PATRICK	
STREET ADDRESS	216 PASS KEY ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK JOHNSON	
STREET ADDRESS	216 Pass Key Rd	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH RUFF	
STREET ADDRESS	116 Pass Key Rd.	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE BOGGESE	
STREET ADDRESS	215 PASS KEY RD	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBECCA LOBZUN	
STREET ADDRESS	221 Pass Key	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	maruella mendez	
STREET ADDRESS	118 Pass Key Rd	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

SIGNATURE REQUIRED

3/6/03

CR2E037 (10/02)