

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 729670**

1. Entity Name

**ASSOCIATION OF WOODSIDE VILLAGE EAST, INC.****FILED****Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90016 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2100 CONSTITUTION  
113  
SARASOTA FL 34231  
US2100 CONSTITUTION  
113  
SARASOTA FL 34231-4146  
US

024144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 25065  
Suite, Apt. #, etc.P.O. Box 25065  
Suite, Apt. #, etc.City & State  
Sarasota, FLCity & State  
Sarasota, FL 342774. FEI Number  
59-1555345Applied For  
Not ApplicableZip  
34277

Country

Zip

Country

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  
~~2100 CONSTITUTION~~  
113  
SARASOTA FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

2477 STICKNEY PT RD #118A

City

SARASOTA

FL

Zip Code

34231

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES ARE \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                             |                                            |                                                |                                                                      |                                                                              |
|------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>OLEWNICZAK, DOMINIC<br>2208 CIRCLEWOOD<br>SARASOTE FL | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WOODS, RICHARD S.<br>2229 CIRCLEWOOD DR.<br>SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>DALY, ELIZABETH<br>6809 WOODWIND<br>SARASOTA FL       | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BARNES, PATRICIA<br>6950 WOODWIND DR<br>SARASOTA, FL 34231     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>OHARA, RUSSELL<br>2209 CIRCLEWOOD DR<br>SARASOTA FL   | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SCALES, LOIS<br>2200 CIRCLEWOOD DR.<br>SARASOTA, FL34231       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HAMALA, EDITH<br>2235 CIRCLE WOOD<br>WATCHING NJ       | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>FLAGG, EVELYN<br>2210 CIRCLEWOOD DR.<br>SARASOTA, FL 34231    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>LESTER, GEORGE<br>2235 CIRCLEWOOD<br>SARASOTA FL     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LESTER, GEORGE<br>6812 WOODWIND DR.<br>SARASOTA, FL 34231       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>ASARCH, LARRY<br>2100 CONSTITUTION<br>SARASOTA FL     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>ASARCH, LARRY<br>P.O. BOX 25065<br>SARASOTA, FL 34277          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Richard S. Woods  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/00 (941)922-5415

Date

Daytime Phone #

CR2E037 (9/99)