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

FILED
Jan 08, 2003 8:00 am
Secretary of State
01-08-2003 90089 023 ****61.25

DOCUMENT # 729670

1. Entity Name
ASSOCIATION OF WOODSIDE VILLAGE EAST, INC.

31

Principal Place of Business	Mailing Address
P O BOX 25065 SARASOTA FL 34277 US	2477 STICKNEY PT RD 118 A SARASOTA FL 34231 US

☐ CHECK HERE IF MAKING CHANGES

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 59-1555345 ☐ 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 2477 STICKNEY PT RD #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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEAL, TERRI 6926 WOODWIND DR SARASOTA FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MERCIER, KATHRYN 2250 CIRCLEWOOD SARASOTA FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOODS, RICHARD 2229 CIRCLEWOOD SARASOTA FL 34231 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCALES, LOIS 2209 CIRCLEWOOD DR SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FLAGG, EVELYN 2210 CIRCLEWOOD DR WATCHING NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONNELY, JOSEPH 2207 CIRCLEWOOD DR. SARASOTA FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ASARCH, LARRY P OBOX 25065 SARASOTA FL 34277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 1-5-3 941 927-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #