


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90044 012 ****61.25

DOCUMENT # N01000000021	
1. Entity Name HERITAGE OAKS CLUB HOMES VIII, INC.	

Principal Place of Business ARGUS PROPERTY MGMT., INC. 2477 STICKNEY POINT RD. SARASOTA, FL 34231 US	Mailing Address ARGUS PROPERTY MGMT., INC. 2477 STICKNEY POINT RD. SARASOTA, FL 34231 US
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94058789



2. Principal Place of Business ARGUS PROP. Mgmt, INC. Suite, Apt. #, etc. 2477 STICKNEY POINT Rd 118A City & State SARASOTA FL Zip 34231 Country USA	3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country
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01272004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1072983	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent ARGUS PROPERTY MGMT., INC. 2477 STICKNEY POINT RD. #118 A SARASOTA, FL 34231	7. Name and Address of New Registered Agent Name DARLENE CROSS Street Address (P.O. Box Number is Not Acceptable) 2477 STICKNEY POINT Rd 118A City SARASOTA FL Zip Code 34231
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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 Darlene Cross Agent **DARLENE CROSS** 4/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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 PD NAME BLOOM, JOSEPHINE STREET ADDRESS 5351 PEPPERMILL COURT CITY-ST-ZIP SARASOTA, FL 34241	<input type="checkbox"/> Delete	TITLE SIT NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME MOREY, WALTER STREET ADDRESS 5387 PEPPERMILL COURT CITY-ST-ZIP SARASOTA, FL 34241	<input type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME COHEN, MARVIN STREET ADDRESS 5333 PEPPERMILL COURT CITY-ST-ZIP SARASOTA, FL 34241	<input checked="" type="checkbox"/> Delete	TITLE Paul Blood NAME 400 Pine Valley Rd. STREET ADDRESS Holland Ohio 43528 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE DARLENE CROSS AS NAME 2477 STICKNEY PT Rd. Suite 118A STREET ADDRESS Sarasota FL 34231 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Darlene Cross **DARLENE CROSS** 4/7/04 941 927-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #