

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90006 045 ****61.25

0005945

DOCUMENT # N94000001303

1. Entity Name

STONECASTLE AT SOUTHWOOD PROPERTY OWNERS ASSOCIA

Principal Place of Business

**ARGUS MGMT
 2477 STICKNEY POINT RD 118A
 SARASOTA FL 34231**

Mailing Address

**ARGUS MGMT
 2477 STICKNEY POINT RD 118A
 SARASOTA FL 34231**

00057955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0512887

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARGUS PROPERTY MGMT
 BARBARA O'GRADY
 2477 STICKNEY POINT RD STE 118A
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

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.

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOLGER, KELLY	
STREET ADDRESS	4940 LAUREL HILL DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	V	<input type="checkbox"/> Delete
NAME	DONNELLY, MICHAEL	
STREET ADDRESS	4981 LAUREL HILL DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MATOUSEK, CONSTANCE	
STREET ADDRESS	4986 STONECASTLE DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NICK, WILLIAM	
STREET ADDRESS	4956 STONE CASTLE DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	TISCHLER, LESLIE	
STREET ADDRESS	4975 LAUREL HILL DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	MABBUTT, DEREK	
STREET ADDRESS	4957 LAUREL HILL DRIVE	
CITY-ST-ZIP	VENICE FL 34293	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Donnelly	
STREET ADDRESS	4981 Laurel Hill Drive	
CITY-ST-ZIP	Venice, FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 empowers.

SIGNATURE: *William F. ...*

3-31-01

485-8012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)