

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0051850

**DOCUMENT # N94000001303**

1. Entity Name

**STONECASTLE AT SOUTHWOOD PROPERTY OWNERS ASSOCIATION, INC.**

04-11-2002 90094 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0512887**

Applied For

Not Applicable

Zip

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 MGMT  
 BARBARA O'GRADY  
 2477 STICKNEY POINT RD STE 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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>PD DONNELLY, MICHAEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4981 LAUREL HILL DRIVE</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE NAME	<b>TD NICK, WILLIAM</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4956 STONE CASTLE DRIVE</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE NAME	<b>D TISCHLER, LESLIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4975 LAUREL HILL DRIVE</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE NAME	<b>D MABBUTT, DEREK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4957 LAUREL HILL DRIVE</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)