

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90008 032 ****61.25

DOCUMENT # N94000001303

1. Entity Name
**STONECASTLE AT SOUTHWOOD PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**ARGUS MGMT
153 CENTER RD
VENICE, FL 34285**

Mailing Address
**ARGUS MGMT
153 CENTER RD
VENICE, FL 34285**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022004

Chg-NP

CR2E037 (10/03)

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
153 CENTER RD
VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name **Argus Property Management**
Street Address (P.O. Box Number is Not Acceptable)

153 Center Rd

City **Venice**

FL

Zip Code
34285

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-1-04

**Filing Fee is \$61.25
Due by September 8, 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

TITLE **PD** ☒ Delete
NAME **DONNELLY, MICHAEL**
STREET ADDRESS **4981 LAUREL HILL DRIVE**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **TD** ☐ Delete
NAME **NICK, WILLIAM**
STREET ADDRESS **4956 STONE CASTLE DRIVE**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **D** ☒ Delete
NAME **POTTEBAUM, LYLE**
STREET ADDRESS **4996 STONE CASTLE DRIVE**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **D** ☒ Delete
NAME **MABBUTT, DEREK**
STREET ADDRESS **4957 LAUREL HILL DRIVE**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **James Martin**
STREET ADDRESS **4966 Laurel Hill Dr**
CITY-ST-ZIP **Venice, FL 34293**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition
NAME **Lyle Pottebaum**
STREET ADDRESS **4996 Stonecastle Drive**
CITY-ST-ZIP **Venice, FL 34293**

TITLE **SD** ☒ Change ☐ Addition
NAME **Derek Mabbutt**
STREET ADDRESS **4957 Laurel Hill Dr**
CITY-ST-ZIP **Venice, FL 34293**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04

Date

941-492-5398

Daytime Phone #