


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90021 003 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # N94000001303</b><br>1. Entity Name<br><b>STONECASTLE AT SOUTHWOOD PROPERTY OWNERS ASSOCIATION, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>ARGUS MGMT<br/>153 CENTER RD<br/>VENICE, FL 34285</b>  |   |   | Mailing Address<br><b>ARGUS MGMT<br/>153 CENTER RD<br/>VENICE, FL 34285</b>                      |  |  |
| 2. Principal Place of Business<br><i>Argus Mgmt of Venice</i><br>Suite, Apt. #, etc.<br><i>181 Center Rd</i>   |   |   | 3. Mailing Address<br><i>Argus Mgmt of Venice</i><br>Suite, Apt. #, etc.<br><i>181 Center Rd</i> |  |  |
| City & State<br><i>Venice FL</i>   |   | City & State<br><i>Venice FL</i>  |  | 4. FEI Number -<br><b>65-0512887</b>   |  |
| Zip<br><i>34285</i>  |   | Country<br><i>US</i>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>ARGUS PROPERTY MGMT<br/>153 CENTER RD<br/>VENICE, FL 34285</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br><i>ARGUS MANAGEMENT OF VENICE, INC.</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>181 CENTER ROAD</i><br>City<br><i>VENICE</i> <b>FL</b> Zip Code<br><i>34285</i> |  |
| 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.<br>SIGNATURE <i>[Signature]</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MARTIN, JAMES<br>4966 LAUREL HILL DR<br>VENICE, FL 34293        | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>NICK, WILLIAM<br>4956 STONE CASTLE DRIVE<br>VENICE, FL 34293    | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>POTTEBAUM, LYLE<br>4996 STONE CASTLE DRIVE<br>VENICE, FL 34293 | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>MABBUTT, DEREK<br>4957 LAUREL HILL DRIVE<br>VENICE, FL 34293    | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |   |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |   |   |  |  |  |
| <b>SIGNATURE:</b> <i>[Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |  |  |  |
| <small>Date</small>  |   |   |  |  |  |
| <small>Daytime Phone #</small>   |   |   |  |  |  |