

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000363

1. Entity Name

VILLAS AT FOREST HILLS II, INC.

Principal Place of Business

% ARGUS PROPERTY MANAGEMENT, INC.
8500 TURTLE ROCK BLVD.
SARASOTA FL 34238
US

Mailing Address

% ARGUS PROPERTY MANAGEMENT, INC.
8500 TURTLE ROCK BLVD.
SARASOTA FL 34238
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0728492

Applied For

Not Applicable

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 PROP MGMT
1200 SIESTA BAYSIDE DRIVE
SARASOTA FL 34242

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

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

JAMES M. FAIX

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/01

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 PD
NAME LOGES, RICHARD F
STREET ADDRESS 9528 FOREST HILLS CIRCLE
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

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

TITLE VD
NAME RODI, JOHN
STREET ADDRESS 9536 FOREST HILLS CIRCLE
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

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

TITLE STD
NAME COLUNI, VALENTINE E
STREET ADDRESS 9527 FOREST HILLS CIRCLE
CITY-ST-ZIP SARASOTA FL 34238 ☒ Delete

TITLE STD
NAME DAVID BETZ
STREET ADDRESS 9527 FOREST HILLS CIR.
CITY-ST-ZIP SARASOTA FL 34238 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Richard F. Loges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90079 046 ****61.25

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DO NOT WRITE IN THIS SPACE

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