

2001 UNIFORM BUSINESS REPORT (UBR)

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

06-07-2001 90006 044 *****61.25

DOCUMENT # N94000002758

1. Entity Name

WHITESTONE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ARGUS MANGEMENT, INC
 2477 STICKNEY POINT #118-A
 SARASOTA FL 34231

C/O ARGUS MANGEMENT, INC
 2477 STICKNEY POINT #118-A
 SARASOTA FL 34231

00057956



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

65-0573968

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

O'GRADY, BARBARA
2477 STICKNEY POINT ROAD
SUITE 118-A
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	D	<input checked="" type="checkbox"/> Delete
NAME	BISHOP, BRAD	
STREET ADDRESS	899 WOODBRIDGE DR.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	EGON, SORENSON	
STREET ADDRESS	899 WOODBRIDGE DR.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	AUSTIN, CLARENCE	
STREET ADDRESS	899 WOODBRIDGE DR.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCLEHENY, JIM	
STREET ADDRESS	5030 SEAGRASS DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	S	<input type="checkbox"/> Delete
NAME	WELLER, HANK	
STREET ADDRESS	5034 WINTER ROSEWAY	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Nancy Vorhis D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5094 Seagrass Drive	
STREET ADDRESS	VENICE FL 34293	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S Rose Fullerton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5018 Seagrass Drive	
STREET ADDRESS	VENICE, FL 34293	
CITY-ST-ZIP		
TITLE	T Dan Bardarik	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5010 Seagrass Dr	
STREET ADDRESS	VENICE, FL 34293	
CITY-ST-ZIP		
TITLE	PD Hank Weller	<input checked="" 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 empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-01

Date

Daytime Phone #

CR2E037 (10/00)