

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002758

1. Entity Name
WHITESTONE PROPERTY OWNERS ASSOCIATION, INC.



FILED
CLERK OF COUNTY
04 MAR -8 AM 9:06

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

Mailing Address
C/O ARGUS MANGEMENT, INC
153 CENTER ROAD
VENICE, FL 34285 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0573968

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 PROPERTY MANAGEMENT
153 CENTER ROAD
VENICE, FL 34285

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

100030382111
03/12/04-01050-002 **\$1.25

Filing Fee is \$61.25
Due by May 1, 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	<input checked="" type="checkbox"/> Delete
NAME	SHINKLE, CHARLIE	
STREET ADDRESS	153 CENTER ROAD	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FULLERTON, ROSE	
STREET ADDRESS	153 CENTER ROAD	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SPERBECK, FRED	
STREET ADDRESS	153 CENTER ROAD	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	EBELING, ROGER	
STREET ADDRESS	153 CENTER ROAD	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Ebeling	
STREET ADDRESS	5091 Seagress Dr	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Pietro	
STREET ADDRESS	5064 Winter Rose Way	
CITY-ST-ZIP	Venice FL 34285	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rose Fullerton	
STREET ADDRESS	5018 Seagress Dr	
CITY-ST-ZIP	Venice FL 34285	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Sperbeck	
STREET ADDRESS	5030 Winter Rose Way	
CITY-ST-ZIP	Venice FL 34285	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Hartman	
STREET ADDRESS	5046 Seagress Dr	
CITY-ST-ZIP	Venice FL 34285	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-04

485-8012