2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2005 8:00 am **Secretary of State** DOCUMENT # N94000002758 1. Entity Name 02-09-2005 90053 034 ****61.25 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 153 CENTER ROAD 50012717 VENICE FL 34285 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 65-0573968-Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARGUS PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 153 CENTER ROAD VENICE FL 34285 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) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Change Addition EBELING, ROGER NAME NAME 5091 SEAGRESS DR. STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE PIETRO, JOE NAME NAME **5064 WINTER ROSEWAY** STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CITY-ST-ZIP SD Detete TITLE TITLE ☐ Addition FULLERTON, ROSE NAME NAME 5018 SEAGRESS DR. 5065 Seagrass Dr. STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE Change Addition SPERBECK, FRED NAME NAME **5030 WINTER ROSEWAY** STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition HARTMAN, FRANK MAME NAME 5046 SEAGRESS DR. STREET ADDRESS STREET ADDRESS VÉNICE FL 34285 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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. Daytime Phone 4

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