

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

0015301

DOCUMENT # N94000002758

1. Entity Name

WHITESTONE PROPERTY OWNERS ASSOCIATION, INC.



05-02-2003 90136 031 ****61.25

08-21-2003 90106 032 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

153 Center Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Venice

City & State

City & State

Florida

Zip

Country

Zip

Country

34285

USA

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

**O'GRADY, BARBARA
2477 STICKNEY POINT ROAD
SUITE 118-A
SARASOTA FL 34231**

Name

Argus Property Management

Street Address (P.O. Box Number is Not Acceptable)

153 Center Road

City

Venice

FL

Zip Code

34285

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

8-1-03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VORHIS, NANCY	
STREET ADDRESS	5084 SEAGRASS DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FULLERTON, ROSE	
STREET ADDRESS	5018 SEAGRASS DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BARDARIK, DAN	
STREET ADDRESS	5070 SEAGRASS DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	PD	<input checked="" 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlie Shinkle	
STREET ADDRESS	153 Center Rd	
CITY-ST-ZIP	Venice FL 34285	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rose Fullerton	
STREET ADDRESS	153 Center Rd	
CITY-ST-ZIP	Venice FL 34285	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Sperbeck	
STREET ADDRESS	153 Center Rd	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Ebeling	
STREET ADDRESS	153 Center Rd	
CITY-ST-ZIP	Venice, FL 34285	
TITLE		<input 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 information empowered.

SIGNATURE:

[Signature]

Date

Daytime Phone #

CR2E037 (4/03)