Entity Name: STONECASTLE AT SOUTHWOOD PROPERTY OWNERS
ASSOCIATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

181 CENTER ROAD VENICE, FL 34285

Current Mailing Address:

DOCUMENT# N94000001303

181 CENTER ROAD VENICE, FL 34285 US

FEI Number: 65-0512887

Name and Address of Current Registered Agent:

ARGUS MANAGEMENT OF VENICE, INC. 181 CENTER ROAD VENICE, FL 34285 US FILED Apr 23, 2015 Secretary of State CC5398640877

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Director Detail :					
Title	PRESIDENT	Title	VP		
Name	JOHNSON, ED	Name	JOHNSON, GORDON		
Address	181 CENTER ROAD	Address	181 CENTER ROAD		
City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL 34285		
Title	SECRETARY	Title	TREASURER		
Name	HOYLE, RICHARD	Name	NICK, WILLIAM		
Address	181 CENTER ROAD	Address	181 CENTER ROAD		
City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL 34285		
Title	DIRECTOR	Title	DIRECTOR		
Title Name	DIRECTOR JARVIS, BOB	Title Name	DIRECTOR PATTERSON, JIM		
Name	JARVIS, BOB	Name	PATTERSON, JIM 181 CENTER ROAD		
Name Address	JARVIS, BOB 181 CENTER ROAD	Name Address	PATTERSON, JIM 181 CENTER ROAD		
Name Address City-State-Zip:	JARVIS, BOB 181 CENTER ROAD VENICE FL 34285	Name Address City-State-Zip:	PATTERSON, JIM 181 CENTER ROAD VENICE FL 34285		
Name Address City-State-Zip: Title	JARVIS, BOB 181 CENTER ROAD VENICE FL 34285 D	Name Address City-State-Zip: Title	PATTERSON, JIM 181 CENTER ROAD VENICE FL 34285 MANAGEMENT PRESIDENT		
Name Address City-State-Zip: Title Name	JARVIS, BOB 181 CENTER ROAD VENICE FL 34285 D GOOD, LENORE	Name Address City-State-Zip: Title Name	PATTERSON, JIM 181 CENTER ROAD VENICE FL 34285 MANAGEMENT PRESIDENT O'GRADY, BARBARA L		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA O'GRADY

PRES / MGMT

04/23/2015

Date

Electronic Signature of Signing Officer/Director Detail

Date