

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004218

**FILED**  
**Mar 30, 2017**  
**Secretary of State**  
**CC7463721879**

**Entity Name:** WELLINGTON CHASE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

ARGUS PROPERTY MANAGEMENT, INC.  
2477 STICKNEY POINT RD. SO. 118 A  
SARASOTA, FL 34233

**Current Mailing Address:**

ARGUS PROPERTY MANAGEMENT, INC.  
2477 STICKNEY POINT RD. SO. 118 A  
SARASOTA, FL 34231

**FEI Number: 59-3341391**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ARGUS PROPERTY MANAGEMENT, INC.  
2477 STICKNEY POINT ROL 118A  
SARASOTA, FL 34231 US

*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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           ROSSITER, ED  
Address        2477 STICKNEY POINT ROAD #118A  
City-State-Zip: SARASOTA FL 34231

Title           PRESIDENT  
Name           SCHLOSSER, GABRIEL  
Address        2477 STICKNEY POINT ROAD #118A  
City-State-Zip: SARASOTA FL 34231

Title           VP  
Name           CLEARY, JOHN  
Address        2477 STICKNEY POINT ROAD #118A  
City-State-Zip: SARASOTA FL 34231

Title           SECRETARY  
Name           KELLY, ALLEN  
Address        2477 STICKNEY POINT RD  
                  118A  
City-State-Zip: SARASOTA FL 34231

Title           DIRECTOR  
Name           SPINA, NICHOLAS  
Address        ARGUS PROPERTY MANAGEMENT,  
                  INC.  
                  2477 STICKNEY POINT RD. SO. 118 A  
City-State-Zip: SARASOTA FL 34231

*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: GABRIEL SCHLOSSER**

**PRESIDENT**

**03/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date