

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713384

1. Entity Name

STRATHMORE VILLA SOUTH ASSOCIATION, INC.

Principal Place of Business

Mailing Address

97 S. STRATHMORE BLVD.
SARASOTA FL 34233

P.O. BOX 25065
SARASOTA FL 34277-2065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1236046

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
2477 STICKNEY POINT ROAD
SARASOTA FL 34231

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MARSHALL, LEE JR.
STREET ADDRESS 72 STRATHMORE BLVD
CITY-ST-ZIP SARASOTA FL 34233 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME FAUSZ, FIDELIA
STREET ADDRESS 30 STRATHMORE BLVD
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME SMITH, MARJORIE
STREET ADDRESS 81 STRATHMORE BLVD SO
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME CHANDLER, DOROTHEA
STREET ADDRESS 21 STRATHMORE BLVD.
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE PRESIDENT
NAME DOROTHY R. CHANDLER
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME SABBIA, JIM
STREET ADDRESS 82 STRATHMORE BLVD
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR
NAME CHARLOTTE STANLEY
STREET ADDRESS STRATHMORE BLVD
CITY-ST-ZIP SARASOTA, FL 34233 ☒ Change ☐ Addition

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 RE: DOROTHY R. CHANDLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90209 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

377-8318