

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90098 031 ****61.25

DOCUMENT # 713384

1. Entity Name
STRATHMORE VILLA SOUTH ASSOCIATION, INC.



Principal Place of Business
**97 S. STRATHMORE BLVD.
SARASOTA FL 34233**

Mailing Address
**P.O. BOX 25065
SARASOTA FL 34277-2065
US**

22004370



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1236046**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☐ Change ☒ Addition
NAME **morlunghi Vera**
STREET ADDRESS **37 Strath more Blvd**
CITY-ST-ZIP **SARASOTA FL 34233**

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

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

TITLE **PD** ☐ Delete
NAME **CHANDLER, DOROTHY-R**
STREET ADDRESS **21 STRATHMORE BLVD.**
CITY-ST-ZIP **SARASOTA FL 34233**

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

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

TITLE **TD** ☐ Change ☒ Addition
NAME **Holovach Julie**
STREET ADDRESS **8 Strath more Blvd**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D** ☐ Delete
NAME **SOTHAM, CHARLOTTE**
STREET ADDRESS **STRATHMORE BLVD.**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D** ☐ Change ☒ Addition
NAME **JOTHAM CHARLOTTE**
STREET ADDRESS **31 STRATHMORE BLVD**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: *[Signature]*

1-31-03

CR2E037 (10/02)