


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90040 028 ****61.25

DOCUMENT # 716742			
1. Entity Name SUNLAND GARDENS ASSOCIATION, INC.			
Principal Place of Business 2477 STICKNEY POINT RD STE 118 A SARASOTA FL 34231		Mailing Address 2477 STICKNEY POINT RD STE 118 A SARASOTA FL 34231	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY POINT RD STE 118A BRADENTON FL 34210		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



MOORE CR2E037 (11/03)

4. FEI Number 59-1317375	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	PD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGESS, WILLIAM		NAME	ANDREW KUHN	
STREET ADDRESS	3755 S. SCHOOL AVE., #41		STREET ADDRESS	3755 S. School DR #5	
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, LOU DELLE		NAME	ROBERT BURGESS	
STREET ADDRESS	3751 S. SCHOOL AVE., #22		STREET ADDRESS	3755 S. School DR #7	
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	SD BARCLAY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARELNY, CONSTANCE		NAME		
STREET ADDRESS	3707 S. SCHOOL AVE., #44		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP		
TITLE	R	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTIMIGLIA, LAWRENCE		NAME		
STREET ADDRESS	3751 SCHOOL AVE #13		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIETO, VIRGINIA		NAME		
STREET ADDRESS	3755 S. SCHOOL AVENUE, #33		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNHAM, JOHN		NAME		
STREET ADDRESS	3751 S. SCHOOL AVE., #29		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34239		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: *William Burgess* **MAR. 3. 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #