


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90035 001 ****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: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

30027133



1st MOORE CR2E037 (10/04)

4. FEI Number: **59-1317375** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT RD
SUITE 118A
SARASOTA FL 34231

7. Name and Address of New Registered Agent:
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

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	
TITLE: PD <input type="checkbox"/> Delete	NAME: BURGESS, WILLIAM STREET ADDRESS: 3755 S. SCHOOL AVE., #41 CITY-ST-ZIP: SARASOTA FL 34239
TITLE: VD <input checked="" type="checkbox"/> Delete	NAME: THOMAS, LOU DELLE STREET ADDRESS: 3751 S. SCHOOL AVE., #22 CITY-ST-ZIP: SARASOTA FL 34239
TITLE: SD <input checked="" type="checkbox"/> Delete	NAME: BARCLAY, CONSTANCE STREET ADDRESS: 3707 S. SCHOOL AVE., #44 CITY-ST-ZIP: SARASOTA FL 34239
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: KUHN, ANDREW STREET ADDRESS: 3755 S. SCHOOL DR. #55 CITY-ST-ZIP: SARASOTA FL 34239
TITLE: AT <input type="checkbox"/> Delete	NAME: BURGESS, ROBERT STREET ADDRESS: 3755 S. SCHOOL DR. #7 CITY-ST-ZIP: SARASOTA FL 34239
TITLE: TD <input type="checkbox"/> Delete	NAME: BURNHAM, JOHN STREET ADDRESS: 3751 S. SCHOOL AVE., #29 CITY-ST-ZIP: SARASOTA FL 34239

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Paul Ross STREET ADDRESS: 3755 S. School Dr #5 CITY-ST-ZIP: Sarasota, FL 34239
TITLE: _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: NANCY SHOLENSKI STREET ADDRESS: 3751 S. School Ave #20 CITY-ST-ZIP: SARASOTA, FL 34239
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> 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: *William Burgess* DATE: **3-2-2005**

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