


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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90129 050 \*\*\*\*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

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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  
STE 118A  
BRADENTON FL 34210**

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**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HURLBURT, MILDRED</b>	
STREET ADDRESS	<b>3751 S SCHOOL AVE, #31</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KUHN, ANDREW F</b>	
STREET ADDRESS	<b>3709 S SCHOOL AVE #5</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROSETI, FRANK</b>	
STREET ADDRESS	<b>3755 SCHOOL AVE #54</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VENTIMIGLIA, LAWRENCE</b>	
STREET ADDRESS	<b>3751 SCHOOL AVE #13</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> Delete
NAME	<b>NIETO, VIRGINIA</b>	
STREET ADDRESS	<b>3755 S. SCHOOL AVENUE, #33</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BURNHAM, JOHN</b>	
STREET ADDRESS	<b>3751 S. SCHOOL AVE., #29</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William Burgess</b>	
STREET ADDRESS	<b>3755 S. School Ave #41</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOU DELLE THOMAS</b>	
STREET ADDRESS	<b>3751 S. School Ave #22</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CONSTANCE BARCLAY</b>	
STREET ADDRESS	<b>3787 S. School Ave 44</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert Burgess</b>	
STREET ADDRESS	<b>3751 S. School Ave</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
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: SIGNATURE *Copied* 3/11/03 94927646

CR2E037 (10/02)