

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717410

FILED
Apr 08, 2009
Secretary of State

Entity Name: ST. ARMANDS TOWERS NORTH ASSOCIATION, INC.

Current Principal Place of Business:

1 BENJAMIN FRANKLIN DRIVE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1 BENJAMIN FRANKLIN DRIVE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-1310674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT RD
STE 118A
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAMONE, PAUL
Address: 114 MASSACHUSETTS DR
City-St-Zip: MASSAPEQUA, NY 11758

Title: 1VD () Delete
Name: NUGENT, LAWRENCE
Address: ONE BEN FRANKLIN DRIVE, #45
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: MORTON, EDWARD
Address: 1 BEN FRANKLIN DR #42
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: WEBSTER, DANIEL
Address: PO BOX 1109
City-St-Zip: NANTUCKET, MA 02554

Title: 2VD () Delete
Name: LARIDERI, NICHOLAS
Address: 1 BEN FRANKLIN DR, SUITE 106
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: O'NEIL, BARBARA
Address: ONE BEN FRANKLIN DR #52
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEBSTER, DAVID
Address: PO BOX 1109
City-St-Zip: NANTUCKET, MA 02554

Title: 2VD (X) Change () Addition
Name: NANDIN, SILVANA
Address: 1 BEN FRANKLIN DR, SUITE #83
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE KRONICK

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date