
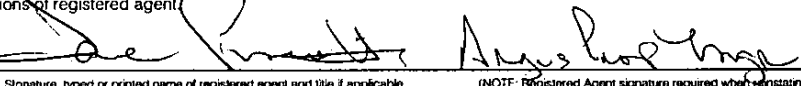



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90001 004 ****61.25

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # 717624 1. Entity Name STRATHMORE RIVERSIDE VILLAS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2700 RIVERBLUFF PKWY SARASOTA, FL 34231 | | | Mailing Address 2700 RIVERBLUFF PKWY 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 | | |
| 02162006 | | Chg-NP | | CR2E037 (11/05) | |
| 4. FEI Number 59-1518157 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ARGUS PROPERTY MANAGEMENT, INC 2477 STICKNEY PT RD STE 118A SARASOTA, FL 34237 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE 2/22/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD SIMPSON, ROBERT B 2329 CANALBLUFF PLACE SARASOTA, FL 34231 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AUERBACH, JILL 5481 RIVERBLUFF CIRCLE SARASOTA, FL 34231 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KEATING, TOM 2162 RIVER BLUFF PKWY. SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCDERMOTT, JERRY 2316 WATER BLUFF PLACE SARASOTA, FL 34231 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'NEILL, SHANE 2619 RIVERSBLUFF PKWY SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUBIN, IRVING 2721 RIVERSBLUFF COURT SARASOTA, FL 34231 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JOHN PEMRICK 2321 RIVERBLUFF PKWY SARASOTA, FL 34231 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STAN FELDMAN 2222 RIVERBLUFF PKWY SARASOTA, FL 34231 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ILENE NOVACK 2745 RIVERBLUFF PLACE SARASOTA, FL 34231 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOANN KEATING 2162 RIVERBLUFF PKWY SARASOTA, FL 34231 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without other like empowered. | | | | | |
| SIGNATURE:  | | | Treasurer. | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> 2-17-06 | | |
| <small>Daytime Phone #</small> | | | | | |