2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003350

FILED Mar 30, 2009 Secretary of State

Entity Name: FRUITVILLE PROFESSIONAL VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2477 STICKNEY POINT ROAD **STE 118A** SARASOTA, FL 34231

New Mailing Address: Current Mailing Address:

2477 STICKNEY POINT ROAD **STE 118A** SARASOTA, FL 34231 US

OFFICERS AND DIRECTORS:

FEI Number: 20-2619326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete DENSLOW, TOM DENSLOW, TOM Name: Name:

1348 FRUITVILLE ROAD #203 Address: 1348 FRUITVILLE ROAD #203/204 Address:

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

Title: Title: (X) Change () Addition () Delete

Name: LURIA, DAVID Name: NORDQUIST, ALICIA Address: 1358 FRUITVILLE ROAD #310 Address: 5053 OCEAN BLVD City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34242

Title: () Delete Title: S&T (X) Change () Addition

NORDQUIST, ALICIA Name: ILTIS, STEVE Name:

5740 MIDNIGHT PASS ROAD #206F 1348 FRUITVILLE ROAD #302/303 Address: Address:

City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34236

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: TOM DENSLOW Ρ 03/30/2009