

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12256

FILED
Mar 17, 2005
Secretary of State

Entity Name: THE ARGYLE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

JULIA PERRY
1524 ARGYLE DR.
FORT MYERS, FL 33919 US

New Principal Place of Business:

JOHN ACUTI
1541 ARGYLE DR.
FORT MYERS, FL 33919 US

Current Mailing Address:

LINDA K REDMOND
1524 ARGYLE DR.
FORT MYERS, FL 33919 US

New Mailing Address:

JOHN ACUTI
1541 ARGYLE DR.
FORT MYERS, FL 33919 US

FEI Number: 59-2691266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDMOND, LINDA K
1530 ARGYLE DR
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

ACUTI, JOHN
1541 ARGYLE DR
FT. MYERS, FL 33919 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: JOHN ACUTI

03/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REDMOND, LINDA K
Address: 1530 ARGYLE DR.
City-St-Zip: FT. MYERS, FL 33919

Title: VD () Delete
Name: SHERMAN, DONALD
Address: 1572 ARGYLE DR
City-St-Zip: FT. MYERS, FL 33919

Title: STD () Delete
Name: PERRY, JULIA
Address: 1524 ARGYLE DR
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: ACUTI, JOHN
Address: 1541 ARGYLE DR
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN ACUTI

STD

03/17/2005

Electronic Signature of Signing Officer or Director

Date