


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N12256</b>	
1. Entity Name <b>THE ARGYLE HOMEOWNER'S ASSOCIATION, INC.</b>	

Principal Place of Business <b>JOHN ACUTI 1541 ARGYLE DR. FORT MYERS, FL 33919 US</b>	Mailing Address <b>JOHN ACUTI 1541 ARGYLE DR. FORT MYERS, FL 33919 US</b>
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01082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2691266</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ACUTI, JOHN 1541 ARGYLE DR FT. MYERS, FL 33919</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>UN0000382350 01/12/06-80006-002 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REDMOND, LINDA K 1530 ARGYLE DR. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERMAN, DONALD 1572 ARGYLE DR FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ACUTI, JOHN 1541 ARGYLE DR FORT MYERS, FL 33919
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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 all other like empowered.

**SIGNATURE:** John Acuti **JOHN ACUTI** 1/8/06 (229)278 5999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #