

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90033 042 ****61.25

DOCUMENT # N12256

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2691266

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME REDMOND, LINDA K
STREET ADDRESS 1530 ARGYLE DR.
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE VD ☒ Delete
NAME SHERMAN, DONALD
STREET ADDRESS 1572 ARGYLE DR
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE STD ☐ Delete
NAME ACUTI, JOHN
STREET ADDRESS 1541 ARGYLE DR
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Scharfenberg, Carl
STREET ADDRESS 1518 Argyle Dr.
CITY-ST-ZIP Ft Myers, FL 33919

TITLE VD ☐ Change ☒ Addition
NAME Woss, Scott
STREET ADDRESS 1512 Argyle Dr
CITY-ST-ZIP Ft Myers, FL 33919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/07 (275) 278-5999