# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 08, 2009**
**Secretary of State**

## DOCUMENT# N12256

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

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| JOHN ACUTI<br>1541 ARGYLE DR.<br>FORT MYERS, FL 33919    US | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| JOHN ACUTI<br>1541 ARGYLE DR.<br>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:** | **Name and Address of New Registered Agent:** |
|---|---|
| ACUTI, JOHN<br>1541 ARGYLE DR<br>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: _____

              Electronic Signature of Registered Agent                    Date

## OFFICERS AND DIRECTORS:        ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

| | | |
|---|---|---|
| Title: | PD      ( ) Delete | Title:               ( ) Change ( ) Addition |
| Name: | SCHARFENBERG, CARL | Name: |
| Address: | 1518 ARGYLE DR | Address: |
| City-St-Zip: | FT. MYERS, FL 33919 | City-St-Zip: |
| | | |
| Title: | VD      ( ) Delete | Title:    VD       (X) Change ( ) Addition |
| Name: | WESS, SCOTT | Name:    WOSS, SCOTT |
| Address: | 1512 ARGYLE DR | Address:    1512 ARGYLE DR |
| City-St-Zip: | FT. MYERS, FL 33919 | City-St-Zip:    FT. MYERS, FL 33919 |
| | | |
| Title: | STD      ( ) Delete | Title:               ( ) Change ( ) Addition |
| Name: | ACUTI, JOHN | Name: |
| Address: | 1541 ARGYLE DR | Address: |
| City-St-Zip: | FORT MYERS, FL 33919 | City-St-Zip: |

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:    JOHN P. ACUTI                       STD               02/08/2009

             Electronic Signature of Signing Officer or Director                     Date