

# N18089

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

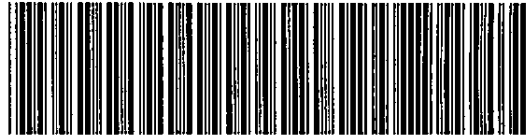
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JAN 15 PM 3:56

JAN 20 2015  
T. CARTER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Island Shores Owners Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: 118089

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deb Gifford  
Name of Contact Person

Argus Property Management, Inc.  
Firm/Company

2477 Stickney Point Road, STE 118-A  
Address

Sarasota, Florida 34231  
City/State and Zip Code

Debo@ArgusMgmt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deb Gifford at (941) 927-6464  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED  
15 JAN 15 PM 1:21  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301  
CR2E045 (03/12)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2014

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

SUBJECT: ISLAND SHORES OWNERS ASSOCIATION, INC.  
Ref. Number: N18089

We have received your document for ISLAND SHORES OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An officer/director must sign the document authorizing the change(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 014A00025597

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Island Shores Owners Association, Inc
2. The principal office address: 2477 Stickney Point Road, STE 118-A  
Sarasota, Florida 34231
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/5/1986 Document number: N, 8089
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Antares Group, Inc.  
4195 S. Tamiami Trail PMB #173  
Venice, Florida 34293

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Argus Property Management, Inc  
2477 Stickney Point Road, STE 118-A  
P.O. Box NOT acceptable  
Sarasota, Florida 34231

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TALLAHASSEE, FLORIDA  
15 JAN 15 PM 3:56

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Tom Demond  
Signature of an officer or director

Tom Heindel President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Deborah m Gifford  
Signature of Registered Agent

11.7.2014  
Date

If signing on behalf of an entity:

Deborah Gifford  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314