

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18166

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** SOUTHFIELD SUBDIVISION MAINTENANCE AND PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5766 BRONX AVE.  
STE A  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

2477 STICKNEY POINT RD.  
SUITE 118 A  
SARASOTA, FL 34231 US

**Current Mailing Address:**

C/O ARGUS PROPERTY MANAGEMENT, INC.  
24TH STICKNEY POINT ROAD  
SARASOTA, FL 34231

**New Mailing Address:**

C/O ARGUS PROPERTY MANAGEMENT, INC.  
2477 STICKNEY POINT ROAD SUITE 118 A  
SARASOTA, FL 34231

**FEI Number:** 65-0035924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARGUS PROPERTY MANAGEMENT  
2477 STICKNEY POINT RD #118A  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: TUCKER, NEIL  
Address: 4696 SPRING MEADOW LN  
City-St-Zip: SARASOTA, FL 34233

Title: VD ( ) Delete  
Name: ALTWIES, DAVID  
Address: 4759 SPRING MEADOW LN  
City-St-Zip: SARASOTA, FL 34233

Title: TSD ( ) Delete  
Name: LINSLEY, EDWARD  
Address: 4737 MEADOWVIEW CIRCLE  
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: ALTWIES, DAVE  
Address: 4759 SPRING MEADOW LN  
City-St-Zip: SARASOTA, FL 34233

Title: VPD (X) Change ( ) Addition  
Name: OSBORNE, ALAN  
Address: 4759 MEADOWVIEW CIRCLE  
City-St-Zip: SARASOTA, FL 34233

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

Title: D ( ) Change (X) Addition  
Name: RENDA, KAREN  
Address: 4649 MEADOWVIEW CIRCLE  
City-St-Zip: SARASOTA, FL 34233

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: DEB GIFFORD

VP

02/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date