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Aug 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005327 (1)

1. Corporation Name

GRASSY OAKS RESIDENTS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1901 S. TAMiami TRAIL VENICE FL 34293	1901 S. TAMiami TRAIL VENICE FL 34293-5002

3. Date Incorporated or Qualified 10/27/1994	3a. Date of Last Report 01/26/1996
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2. Principal Place of Business	2a. Mailing Address
21 C/O ARGUS Property Mgmt Suite, Apt. #, etc. 2100 CONSTITUTION P.O. Box 25065 City & State SARASOTA, FL Zip 34277	28 C/O ARGUS Property Mgmt Suite, Apt. #, etc. P.O. Box 25065 City & State SARASOTA, FL Zip 34277

4. FEI Number 65-0533139	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	
CLOUTIER, JACQUES 1901 S. TAMiami TRAIL VENICE FL 34293	

10. Name and Address of New Registered Agent	
81 Name Wm. McLain ARGUS PROP. MGMT	85 Zip Code 34277
82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 25065	
83 City SARASOTA, FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE William R. McLain CAM DATE 1/19/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	CLOUTIER, JACQUES
STREET ADDRESS	1901 S. TAMiami TRAIL
CITY-ST-ZIP	VENICE FL 34293
TITLE	DVS
NAME	WHITE, GIANNA
STREET ADDRESS	1901 S. TAMiami TRAIL
CITY-ST-ZIP	VENICE FL 34293
TITLE	DT
NAME	DAILEY, ANITA
STREET ADDRESS	1901 S. TAMiami TRAIL
CITY-ST-ZIP	VENICE FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D PRESIDENT
1.2 NAME	HARVEY STOLNITZ
1.3 STREET ADDRESS	724 GRASSY OAKS DR.
1.4 CITY-ST-ZIP	VENICE FL 34293
2.1 TITLE	D V. PRES.
2.2 NAME	D.C. BARTON
2.3 STREET ADDRESS	73.5 POND LILY WAY
2.4 CITY-ST-ZIP	VENICE FL 34293
3.1 TITLE	D TREAS.
3.2 NAME	ROBERT FORCE
3.3 STREET ADDRESS	747 POND LILY WAY
3.4 CITY-ST-ZIP	VENICE, FL 34293
4.1 TITLE	D SEC.
4.2 NAME	LOIS KOCH
4.3 STREET ADDRESS	739 POND LILY WAY
4.4 CITY-ST-ZIP	VENICE, FL 34293
5.1 TITLE	D DIRECTOR
5.2 NAME	ARTHUR OSTROWSKI
5.3 STREET ADDRESS	742 POND LILY WAY
5.4 CITY-ST-ZIP	VENICE, FL 34293
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; if 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 12 or Block 13 if changed, or on an attachment with an address.