**FILE NOW: FILING FEE IS $61.25**

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**May 10, 1999 8:00 am**
**Secretary of State**
05-10-1999 90258 002 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005327**

1. Corporation Name
**GRASSY OAKS RESIDENTS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ARGUS PROPERTY MGMT.<br>2100 CONSTITUTION BLVD.<br>SARASOTA FL 34277 | C/O ARGUS PROPERTY MGMT.<br>P.O. BOX 25065<br>SARASOTA FL 34277 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>10/27/1994 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0533139 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

WM. MCLAIN, ARGUS PROPERTY MGMT.
2100 CONSTITUTION BLVD.
SARASOTA FL 34277

**10. Name and Address of New Registered Agent**

81 Name: VINCENT CAMPBELL, ARGUS PROPERTY MGMT
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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: VINCENT CAMPBEL — Vincent Campbell — 5-1-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | PD | ☐ Change ☒ Addition |
| NAME | STOLNITZ, HARVEY | | 1.2 NAME | KOCH, LOIS | |
| STREET ADDRESS | 724 GRASSY OAKS DR. | | 1.3 STREET ADDRESS | 739 POND LILY WAY | |
| CITY-ST-ZIP | VENICE FL 34293 | | 1.4 CITY-ST-ZIP | VENICE FL 34293 | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STOLNITZ, HARVEY | | 2.2 NAME | | |
| STREET ADDRESS | 724 GRASSY OAKS DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE FL 34293 | | 2.4 CITY-ST-ZIP | | |
| TITLE | TD | ☒ DELETE | 3.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | FORCE, ROBERT | | 3.2 NAME | LANE, RUTH | |
| STREET ADDRESS | 747 POND LILY WAY | | 3.3 STREET ADDRESS | 738 POND LILY WAY | |
| CITY-ST-ZIP | VENICE FL 34293 | | 3.4 CITY-ST-ZIP | VENICE FL 34293 | |
| TITLE | SD | ☒ DELETE | 4.1 TITLE | SD | ☐ Change ☒ Addition |
| NAME | PD | | 4.2 NAME | SERRILLA, CYNTHIA | |
| STREET ADDRESS | 739 POND LILY WAY | | 4.3 STREET ADDRESS | 712 GRASSY OAKS DR | |
| CITY-ST-ZIP | VENICE FL 34293 | | 4.4 CITY-ST-ZIP | VENICE FL 34293 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | OSTROWSKI, ARTHUR | | 5.2 NAME | | |
| STREET ADDRESS | 742 POND LILY WAY | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE FL 34293 | | 5.4 CITY-ST-ZIP | | |
| TITLE | SD | ☒ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LANE, RUTH | | 6.2 NAME | | |
| STREET ADDRESS | 738 PONFD LILY WAY | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VENICE FL 34293 | | 6.4 CITY-ST-ZIP | | |

14. I 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LOIS KOCH SIGNATURE REQUIRED — 5-1-99 — 941-485-8012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)