2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 14, 2002 8:00 am Secretary of State DOCUMENT # **N94000005327** 1. Entity Name GRASSY OAKS RESIDENTS ASSOCIATION, INC. 05-14-2002 90043 034 ****61.25 Principal Place of Business Mailing Address 2477 SICKNEY POINT RD C/O ARGUS PROPERTY MGMT. SUITE 118A P.O. BOX 25065 SARASOTA FL 34231 SARASOTA FL 34277 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0533139 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMPBELL, VINCENT Street Address (P.O. Box Number is Not Acceptable) ARGUS PROPERTY MGMT 2100 CONSTITUTION BLVD. SARASOTA FL 34277 City Zip Code 8. 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. Vincent Campbell 4-5-2002 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE PD Change Addition KOCH, LOIS NAME

10. TITLE NAME STREET ADDRESS 737 POND LILY WAY STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP VPD Delete TITLE ☐ Change Addition Bjorn Magnusson 730 fond Lily way Venice FL-3-429-3 STOLNITZ. HARVEY NAME NAME 724 GRASSY OAKS DR STREET ADDRESS STREET ADDRESS VENICE:FL-34293------ CITY - ST - ZIP 🖏 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARTON, D.C. NAME NAME STREET ADDRESS 735 PONDLILY WAY STREET ADDRESS CITY-ST-ZIE VENICE FL 34293 CITY-ST-ZIP Kala Sm. +h
736 Grassy Ocks Drive
Venice FL 34293 PD TITLE

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERRILLA, FRANCIS

VENICE FL 34293

712 GRASSY OAKS DR

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

KEER LENED Koch President 4/24/02

Davtime Phone #

☐ Addition