2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90295 007 ****61.25

U03143

DOCUMENT # N94000005327

1. Entity Name
GRASSY OAKS RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2477 SICKNEY POINT RD SUITE 118A SARASOTA FL 34231	C/O ARGUS PROPERTY MGMT. P.O. BOX 25065 SARASOTA FL 34277

00000044

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0533139 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, VINCENT
ARGUS PROPERTY MGMT
2100 CONSTITUTION BLVD.
SARASOTA FL 34277

7. Name and Address of New Registered Agent

Name: Argus Property Mgmt
Street Address (P.O. Box Number is Not Acceptable): 2477 Stickney Point Road
Suite 118A
City: Sarasota FL Zip Code: 34231

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Vincent Campbell Vincent Campbell 3.25.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOCH, LOIS 737 POND LILY WAY VENICE FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SALLEY, CHARLES 748 GRASSY OAKS DRIVE VENICE FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAGNUSSON, BJORN 730 POND LILY WAY VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARTON, D C 735 PONDLILY WAY VENICE FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SHEEHAN, TERANCE 750 POND LILY WAY VENICE, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, KALA 736 GRASSY OAKS DRIVE VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: C.H. Salley SIGNATURE REQUIRED C.H. Salley 3.25.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #