

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90054 026 ****61.25

DOCUMENT # N95000000425

1. Entity Name
PATIOS I OF ST. ANDREWS ASSOCIATION, INC.



Principal Place of Business
**153 CENTER RD
VENICE, FL 34285**

Mailing Address
**C/O ARGUS PROPERTY MGMT
153 CENTER RD
VENICE, FL 34285**

40029301



02212007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0555770

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARGUS PROPERTY MGMT
181 CTR RD
VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name **Capri Property Management**
Street Address (P.O. Box Number is Not Acceptable)

BID-B Pinebrook Rd.
City **Venice** FL Zip Code **34285**

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 Debbie Green Debbie Green 2-24-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **STD** ☐ Delete
NAME **WEBB, DOUGLAS E**
STREET ADDRESS **882 CHALMERS DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **VD** ☐ Delete
NAME **MASSEY, FRANK**
STREET ADDRESS **850 TARTAN DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **PD** ☒ Delete
NAME **WHITMORE, EUGENE**
STREET ADDRESS **846 TARTAN DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Edward Sims**
STREET ADDRESS **832 Tartan Dr.**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 687, 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: Edward Sims 3/6/07 941 412 0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #