



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90007 006 ****61.25

DOCUMENT # N95000001434 1. Entity Name ARBOR TRACE OF SARASOTA ASSOCIATION, INC.						
Principal Place of Business 2477 STICKNEY POINT RD #118A SARASOTA, FL 34231 US			Mailing Address 2477 STICKNEY POINT RD #118A SARASOTA, FL 34231 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
ARGUS PROPERTY MGMT 2477 STICKNEY POINT RD #118A SARASOTA, FL 34231				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DVP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, JONATHAN			NAME		
STREET ADDRESS	2054 OLD TREVOR WAY			STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOAGLAND, DIRK			NAME		
STREET ADDRESS	2038 OLD TREVOR WAY			STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP		
TITLE	DST <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, CARL			NAME		
STREET ADDRESS	2022 OLD TREVOR WAY			STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, BREK			NAME		
STREET ADDRESS	2013 OLD TREVOR WAY			STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, JEFF			NAME		
STREET ADDRESS	2037 OLD TREVOR WAY			STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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: 				Date 5/1/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #		