2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

ARGUS PROPERTY MGMT, INC 2477 STICKNEY POINT RD 118-A SARASOTA FL 34231

DOCUMENT # N98000001158

1. Entity Name

Principal Place of Business

Suite, Apt. #, etc.

ARGUS PROPERTY MGMT, INC 2477 STICKNEY POINT RD 118-A SARASOTA FL 34231

2. Principal Place of Business - No P.O. Box #

VERANDA II AT HERITAGE OAKS ASSOCIATION, INC.



FILED Feb 28, 2007 8:00 am **Secretary of State**

02-28-2007 90014 001 ****61.25

1st MOORE CR2E037 (10/	06)	
FEI Number	Applied For	
65-0820419	Not Applicable	
	75 Additional lequired	
Name and Address of New Registered Agent		
Box Number is Not Acceptable)		

City & Stat	О	City & State		4. FEI Number		Ar	plied For
					65-0820419	No	ot Applicable
Zip	Country	Zip	Country	5. Certificate of St		8.75 Addee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
			Name				
CRC	OSS, DARLENE		Clarat A				
2477 STICKNEY POINT RD #118-A			Street At	Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34231							<u> </u>
						T = = = =	
			City		FL	Zip Cod	е
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistored office or	registered agent, or both, in	the State of Florida. I am fa	miliar with,	and accept
SIGNATURE .							
]	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE if	Registered Agent signati,	re required when reinstating)	DATE		
							
	FILE NOW: FEE IS \$61.25	9. Election Camp	aign Financing	\$5.00 May Be	Make Check	Pavable	to
	Due By May 1, 2007	Trust Fund Co	ntribution.	Added to Fees	Florida Departr	•	
10.	OFFICERS AND DIRI		11.		ES TO OFFICERS AND DIR	ECTORS IN	
HILI	P	☐ Delete	Hill	UP		Change	X Addition
NAMI. STREET ADDRESS	WRIGHT, HUGH 403 COVENTRY RD		NAME STREET ADDR £ SS	Terrone Debbi	h 5.		
CITY ST-7/P	BATTLE CREEK MI 49015		CITY ST ZIP	Saul Mahogan Sarasera	my lain = 621		
TITCE.	ST	☐ Delete	100	JACASETEL		☐ Change	Addition
NAMÉ.	POTTER, GLENN	□ Detete	NAME.			□ Change	Addition
STREET ADDRESS	5251 MAHOGANY RUN AVE #524		STREET ADDRESS				
CITY ST-71P	SARASOTA FL 34241		CITY ST ZIP				
TITLE	VP	Deleic Deleic	11111			☐ Change	☐ Addition
NAMI.	EDINGER, SUSAN	7	NAME			_	
SIRECT ADDRESS-	1903 CARLYLE DT		SHAFFT ADDRESS		-		
CHY ST-ZIP	PEMBERTON OH 45353		CITY ST 7IP				
TITLE	AS	☐ Delete	HIII			☐ Change	Addition
NAME	CROSS, DARLENE		NAMI				
STRLET ADDRESS	2477 STICKNEY DR #118-A		STRILL ADDRESS				
CITY SI-ZIP	SARASOTA FL 34231		CITY+ST+ZIP				
DITT		☐ Delete	HIII			Change	Addition
NAME.			NAMI GRADITA DESCRIP				
STREET ADDRESS CITY+ST-7IP			STRUTT ADDRESS CHY ST ZIP				
<u> </u>		Date					[] A
TITLE. NAME.		☐ Deleic	HIII NAMI			Change	Addition
STREET ADDRESS			STRILLI ADDRESS				
CITY - ST-ZIP			CITY-ST 7IP				
	<u> </u>						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 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.

SIG	NAT	URE:

ARLENE CALL SARLENE CROSS

941 927 - UYUY

Davistine Phone #