

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 09, 2009
Secretary of State**

DOCUMENT# N97000000635

Entity Name: OAK COURT ASSOCIATION, INC.

Current Principal Place of Business:

% ARGUS PROPERTY MGT., INC.
2477 STICKNEY POINT ROAD
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

% ARGUS PROPERTY MGT., INC.
2477 STICKNEY POINT ROAD
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0785683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUS PROPERTY MGT., INC.
2477 STICKNEY POINT ROAD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

ARGUS PROPERTY MGT., INC.
2477 STICKNEY POINT ROAD
118A
SARASOTA, FL 34231 US

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.

SIGNATURE: _____ Date: 02/09/2009
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOLEVI, ALI
Address: 71 TALL TREES CT
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: GROOM, SABINA
Address: 140 TALL TREES CT
City-St-Zip: SARASOTA, FL 34232

Title: S () Delete
Name: GLOVER, LINDA
Address: 56 TALL TREES CT
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: FITZGIBBONS, JAMES
Address: 120 TALE TREES CT
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: LANDRY, BOB
Address: 41 TALL TREES CT
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOLAVI, ALI
Address: 71 TALL TREES CT
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FITZGIBBONS, JAMES
Address: 120 TALL TREES CT
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALI MOLAVI PRES Date: 02/09/2009
Electronic Signature of Signing Officer or Director