FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:16

DOCUMENT # N09652 (1)

1. Corporation Name
COUNTRYWOOD PLACE, INC.

Principal Place of Business	Mailing Address
4402 BEE RIDGE ROAD P.O. BOX 36004 SARASOTA FL 34233	4402 BEE RIDGE ROAD P.O. BOX 36004 SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1985
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2545672 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCAHREN, VEANNA J.
720 S. ORANGE AVE.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MCAHREN, DARRYL	1.2 NAME		
STREET ADDRESS	5765 WHISTLEWOOD CIR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	~~-VD--~~	2.1 TITLE	VP	XX Change ☐ Addition
NAME	~~-SMITH, MICHAEL--~~	2.2 NAME	SWINEY, TOMMY	
STREET ADDRESS	~~-5760 WHISTLEWOOD CIRCLE -~~	2.3 STREET ADDRESS	2826 Indianwood Dr.	
CITY-ST-ZIP	~~-SARASOTA FL----~~	2.4 CITY-ST-ZIP	Sarasota, FL	
TITLE	~~-TD--~~	3.1 TITLE	D	☐ Change X Addition
NAME	~~-HOLAHAN, JANICE M.-~~	3.2 NAME	JAMES, ELEANOR	
STREET ADDRESS	~~-2804 INDIANWOOD DR.--~~	3.3 STREET ADDRESS	o5773 Whistlewood Circle	
CITY-ST-ZIP	~~-SARASOTA FL----~~	3.4 CITY-ST-ZIP	Sarasota, FL	
TITLE	~~--SD--~~	4.1 TITLE	STD	XX Change ☐ Addition
NAME	MCAHREN, VEANNA	4.2 NAME	MCAHREN, VEANNA	
STREET ADDRESS	5765 WHISTLEWOOD CIRCLE	4.3 STREET ADDRESS	5765 Whistlewood Circle	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Darryl A. McAhren 2/28/95 813-364-2409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Darryl A. McAhren

0003450