SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT 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 JUN 22 AM 8:17

DOCUMENT # N33232 (2)

1. Corporation Name

COUNTRY MEADOWS OF SARASOTA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 10155 SARASOTA FL 34278	POST OFFICE BOX 10155 SARASOTA FL 34278

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1989
3a. Date of Last Report: 06/08/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
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 ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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) County (25) | Zip (29) County (30)

9. Name and Address of Current Registered Agent

SCOTT, DANIEL E. PA
2170 MAIN STREET
SARASOTA FL 34237

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 PD
NAME	MARTIN, LORRAINE	1.2 NAME	FUNCK, BILL
STREET ADDRESS	1760 COUNTRY MEADOWS DRIVE	1.3 STREET ADDRESS	1771 COUNTRY MEADOWS TERRACE
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL 34235
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition VD
NAME	FUNCK, BILL	2.2 NAME	STICK, FRITZ
STREET ADDRESS	1771 COUNTRY MEADOWS TERRACE	2.3 STREET ADDRESS	2105 COUNTRY MEADOWS PLACE
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	BEAHM, RONALD	3.2 NAME	
STREET ADDRESS	4830 COUNTRY MEADOWS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☒ Change ☐ Addition SD
NAME	BOWERS, AUDREY	4.2 NAME	BOLVIN, PAUL
STREET ADDRESS	4811 COUNTRY MEADOWS BLVD.	4.3 STREET ADDRESS	1755 COUNTRY MEADOWS DRIVE
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	D	5.1 TITLE	☐ Change ☐ Addition D
NAME	MILLIARD, ROBERT	5.2 NAME	REED, THOMAS
STREET ADDRESS	1735 COUNTRY MEADOWS BLVD.	5.3 STREET ADDRESS	2001 COUNTRY MEADOWS CIRCLE
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA, FL 34235
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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: Daniel E Scott 6/22/95 (813) 378-0351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010185