FILE NOW: FILING FEE IS $61.25

FILED
May 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34278-0155

3. Date Incorporated or Qualified: 07/13/1989
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

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

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 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	VD	☐ DELETE	1.1 TITLE	VD	☑ Change ☐ Addition
NAME	STICK, FRITZ		1.2 NAME	Reed, Tom	
STREET ADDRESS	2105 COUNTRY MEADOWS PLACE		1.3 STREET ADDRESS	2001 County Meadows Circle	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL	
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	BEAHM, RONALD		2.2 NAME	Cathy Ross	
STREET ADDRESS	4820 COUNTRY MEADOWS BLVD		2.3 STREET ADDRESS	4970 Country Meadows Blvd	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota FL	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	LIGNORE, DONALD		3.2 NAME	Fred Dunayer	
STREET ADDRESS	4810 COUNTRY MEADOWS BLVD		3.3 STREET ADDRESS	1790 Country Meadows Terrace	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota FL	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	BOIVIN, PAUL		4.2 NAME	Bill Hall	
STREET ADDRESS	1755 COUNTRY MEADOWS DRIVE		4.3 STREET ADDRESS	5730 Country Meadows Blvd	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	Sarasota FL	
TITLE	D	☐ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	REED, THOMAS		5.2 NAME	Keith Jensen	
STREET ADDRESS	2001 COUNTRY MEADOWS CIRCLE		5.3 STREET ADDRESS	1745 Country Meadows Drive	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	Sarasota FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: [signature] OFFICER REQUIRED — 5/17/97 — 941-371 951-5709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064206