

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
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DOCUMENT # **N33232** (2)
1. Corporation Name
COUNTRY MEADOWS OF SARASOTA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business POST OFFICE BOX 10155 SARASOTA FL 34278	Mailing Address POST OFFICE BOX 10155 SARASOTA FL 34278-0155
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/13/1989	3a. Date of Last Report 04/05/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

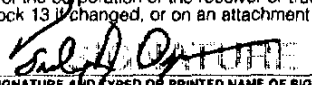
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	STICK, FRITZ	1.2 NAME	Reed, Tom
STREET ADDRESS	2105 COUNTRY MEADOWS PLACE	1.3 STREET ADDRESS	2001 Country Meadows Circle
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL
TITLE	PD	2.1 TITLE	PD
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	3.1 TITLE	TD
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	4.1 TITLE	JD
NAME	BOMN, PAUL	4.2 NAME	B.K. Hall
STREET ADDRESS	1755 COUNTRY MEADOWS DRIVE	4.3 STREET ADDRESS	6730 Country Meadows Blvd
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota FL
TITLE	D	5.1 TITLE	D
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		6.1 TITLE	
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/97

Date

941-379 951-5709

Daytime Phone # 0064208

CR2E037 (9/96)