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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33232**

1. Corporation Name

COUNTRY MEADOWS OF SARASOTA HOMEOWNERS' ASSOCIAT ION, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/13/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOWERS, AUDREY 4811 COUNTRY MEADOWS BLVD SARASOTA FL 34235	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition Chison, Charlene 5100 Country Meadows Blvd. Sarasota, Fl 34235
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROSS, CATHY 4970 COUNTRY MEADOWS BLVD SARASOTA FL 34235	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUNAYER, FRED 1790 COUNTRY MEADOWS TERR SARASOTA FL 34235	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition Hall, Bill 5130 Country Meadows Blvd Sarasota, FL 34235
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HALL, BILL 5130 COUNTRY MEADOWS BLVD. SARASOTA FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition Healey, Jack 2034 Country Meadows Lane Sarasota, FL 34235
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, SHELLY 4921 COUNTRY MEADOWS BLVD SARASOTA FL 34235	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☑ Change ☐ Addition Walton, Casey 4771 Country Meadows Blvd Sarasota, FL 34235
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Catherine Ann Ross SIGNATURE REQUIRED 2-21-99 (941) 377-6877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #