# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 21, 2001 8:00 am**
**Secretary of State**
03-21-2001 90066 037 ****61.25

DOCUMENT # N33232

1. Entity Name

COUNTRY MEADOWS OF SARASOTA HOMEOWNERS' ASSOCIAT

| Principal Place of Business | Mailing Address |
|---|---|
| POST OFFICE BOX 10155<br>SARASOTA FL 34278 | POST OFFICE BOX 10155<br>SARASOTA FL 34278 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| POST OFFICE BOX 50183 | POST OFFICE BOX 50183 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: SARASOTA, FL | City & State: SARASOTA, FL |
| Zip: 34232 Country: | Zip: 34232 Country: |

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SCOTT, DANIEL E. PA<br>2170 MAIN STREET<br>SARASOTA FL 34237 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ROSS, JOHN<br>4970 COUNTRY MEADOWS BLVD<br>SARASOTA FL 34235 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MISJA, MATTHEW<br>1811 COUNTRY MEADOWS TERR<br>SARASOTA, FL 34235 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ROSS, JOHN<br>4970 COUNTRY MEADOWS BLVD<br>SARASOTA FL 34235 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>PECORA, KATHLEEN<br>1750 COUNTRY MEADOWS TERR<br>SARASOTA, FL 34235 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>HALL, BILL<br>5130 COUNTRY MEADOWS BLVD<br>SARASOTA FL 34235 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BOWERS, AUDREY<br>4811 COUNTRY MEADOWS BLVD<br>SARASOTA, FL 34235 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>PECAN, KATHY<br>1750 COUNTRY MEADOWS TERR<br>SARASOTA FL 34235 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>OLSON, LAUREL<br>2105 COUNTRY MEADOWS PLACE<br>SARASOTA, FL 34235 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HALL, BILL<br>5130 COUNTRY MEADOWS BLVD<br>SARASOTA FL 34235 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FUNCK, WILLIAM<br>1771 COUNTRY MEADOWS TERR.<br>SARASOTA, FL 34235 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PARTICINI, VALENTINE<br>2037 COUNTRY MEADOWS LN<br>SARASOTA FL 34235 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laurel E. Olson SIGNATURE REQUIRED Laurel E. Olson, TREAS. 3/10/01 (941) 371-8606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #