

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90007 031 ****61.25

DOCUMENT # N33232

1. Entity Name

COUNTRY MEADOWS OF SARASOTA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**POST OFFICE BOX 50183
 SARASOTA FL 34232**

**POST OFFICE BOX 50183
 SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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
 2170 MAIN STREET
 SARASOTA FL 34237**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☒ Delete
 NAME **PD MISJA, MATTHEW**
 STREET ADDRESS **1800 COUNTRY MEADOWS TERR**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☒ Addition
 NAME **PD DUNAYER, CYNTHIA**
 STREET ADDRESS **1790 COUNTRY MEADOWS TERRACE**
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE ☒ Delete
 NAME **VD PECOE, KATHLEEN**
 STREET ADDRESS **1750 COUNTRY MEADOWS TERR**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☒ Addition
 NAME **VD FEASTER, KEVIN**
 STREET ADDRESS **2025 COUNTRY MEADOWS PLACE**
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE ☒ Delete
 NAME **SD BOWERS, AUDREY**
 STREET ADDRESS **4811 COUNTRY MEADOWS BLVD**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☒ Addition
 NAME **SD JOHNSON, LIZ**
 STREET ADDRESS **4850 COUNTRY MEADOWS BLVD**
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE ☐ Delete
 NAME **TD OLSON, LAUREL**
 STREET ADDRESS **2105 COUNTRY MEADOWS PLACE**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D FUIVCK, WILLIAM**
 STREET ADDRESS **1771 COUNTRY MEADOWS TERR.**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☒ Addition
 NAME **D SANTORO, FRANK**
 STREET ADDRESS **2008 COUNTRY MEADOWS LAKE**
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 the empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.P. **2/20/02** **(941) 371-8606**
 Date Daytime Phone #

CR2E037 (9/01)