2005 NOT-FOR-PROFIT CORPORATION

Feb 16, 2005 8:00 am **ANNUAL REPORT (AR) Secretary of State** DOCUMENT # N33232 1. Entity Name 02-16-2005 90040 013 ****61.25 COUNTRY MEADOWS OF SARASOTA HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address POST OFFICE BOX 50183 SARASOTA FL 34232 POST OFFICE BOX 50183 50016088 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCOTT, DANIEL E. PA Street Address (P.O. Box Number is Not Acceptable) 2170 MAIN STREET SARASOTA FL 34237 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. I am familiar with, and accept the obligations of registered agent. 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE SPAN PRICET Delete **Addition** DUNAYER, CYNTHIA 2002 COUNTRY MEADOWS PLACE NAME 1790 COUNTRY MEADOW TERRACE STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-7IP SARASOTA CITY-ST-ZIP TITLE Detete TITLE ☐ Addition FEASTER, KEVIN NAME MAME 2025 COUNTRY MEADOW PLACE STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP REDERICK ZIARNO Change 9.71, Countay Mendows Circle SD TITLE M Detete TITLE **Addition** NAME CHEAK, ANTHONY NAME STREET ADDRESS 5160 COUNTRY MEADOWS BLVD. STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP TITS F ☐ Delete TITLE ☐ Change ☐ Addition OLSON, LAUREL NAME NAME 2105 COUNTRY MEADOWS PLACE STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BEAHM, RON NAME 4830 COUNTRY MEADOWS BLVD STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED