## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2007 8:00 am DOCUMENT # N33232 · · **Secretary of State** 02-13-2007 90008 047 \*\*\*\*61.25 COUNTRY MEADOWS OF SARASOTA HOMEOWNERS' ASSOCIATION, INC. Mailing Address Principal Place of Business POST OFFICE BOX 50183 SARASOTA FL 34232 POST OFFICE BOX 50183 SARASOTA FL 34232 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) Applied For 4. FEI Number City & State City & State NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Dosired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCOTT, DANIEL E. PA Street Address (P.O. Box Number is Not Acceptable) 2170 MAIN STREET SARASOTA FL 34237 City 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 ine obligations of registered agent. SIÇNATURE Signature, typed or printed harne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Delete ☐ Change MILE DITE Rebekka NAM NAME PRIEST, JEAN 2022 Countey muadous PLACE STREET ADDRESS STREET ADDRESS 2002 COUNTRYMEADOWS PLACE CITY - ST - ZIE CITY-S1-ZIP SARAJUTA, FL SARASOTA FL 34235 ☐ Delete TIFLE Change ■ Addition TITLE VD NAME NAME FEASTER, KEVIN STREET ADDRESS 2025 COUNTRY MEADOW PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34235 ☐ Delete TITLE ☐ Change ☐ Addition TIFLE NAME NAME JOHNSON, B. PHILLIP STREET ADDRESS STREET ADDRESS 4850 COUNTRY MEADOWS BLVD CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34235 ☐ Change ☐ Addition ☐ Delete TITLE TITLE TD NAME NAME OLSON, LAUREL STREET ADDRESS STREET ADDRESS 2105 COUNTRY MEADOWS PLACE CITY ST-ZIP CITY-ST-ZIP SARASOTA FL 34235 ☐ Change Addition ☐ Delete THILE TITLE BEAHM, RON NAME NAM STREET ADDRESS STREET ADDRESS 4830 COUNTRY MEADOWS BLVD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34235 ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

LANGE 16 Ulson 10145. 1/29/07 (341)371-8606

FILED