

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001977 (7)

1. Corporation Name
COUNTRY WALK OF SARASOTA ASSOCIATION, INC.



Principal Place of Business: **2100 CONSTITUTION BLVD. SARASOTA FL 34231**
Mailing Address: **2100 CONSTITUTION BLVD. SARASOTA FL 34231**

3. Date Incorporated or Qualified: **04/21/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **5633 Country Walk Lane**
2a. Mailing Address: **P. O. Box 20262**

4. FEI Number: **65-0555436**
Applied For: Not Applicable

Suite, Apt. #, etc.: **Sarasota, Florida**

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

City & State: **Sarasota, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **34233** Country: **FL** Zip: **34276** Country: **FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**EPPARD, WALTER C
2100 CONSTITUTION BLVD.
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name: **John M. Rice, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable): **5633 Country Walk Lane**
83 City: **Sarasota** State: **FL** Zip Code: **34233**

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: *John M. Rice, Jr.*
Signature, typed or printed name of registered agent and title if applicable.

John M. Rice, Jr.

4/25/96
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPST <input checked="" type="checkbox"/> DELETE
NAME	EPPARD, WALTER C
STREET ADDRESS	2100 CONSTITUTION BLVD.
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	EPPARD, RENEE W
STREET ADDRESS	2100 CONSTITUTION BLVD.
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SMITH, LINDA J
STREET ADDRESS	2100 CONSTITUTION BLVD.
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John M. Rice, Jr.
1.3 STREET ADDRESS	5633 Country Walk Lane
1.4 CITY-ST-ZIP	Sarasota, FL 34233
2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael J. Braun
2.3 STREET ADDRESS	5674 Country Walk Lane
2.4 CITY-ST-ZIP	Sarasota, FL 34233
3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Frank A. Weber
3.3 STREET ADDRESS	5645 Country Walk Lane
3.4 CITY-ST-ZIP	Sarasota, FL 34233
4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Belinda Cyphers
4.3 STREET ADDRESS	5699 Country Walk Lane
4.4 CITY-ST-ZIP	Sarasota, FL 34233
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bruce Crandall
5.3 STREET ADDRESS	5693 Country Walk Lane
5.4 CITY-ST-ZIP	Sarasota, FL 34233
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *John M. Rice, Jr.* **John M. Rice, Jr.** Date: **4/26/96** Daytime Phone #: **941/925-3249**

CR2E037 (12/95)