FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400001977

Country

25

Corporation Name

COUNTRY WALK OF SARASOTA ASSOCIATION, INC.

Principal Place	of Bus	iness
	,	10.00
5633 COUNTRY	WALK	LANE
SARASOTA FL	34233	54.5

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

US

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

5627 COUNTRY WALK LANE SARASOTA FL 34233

US

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27

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FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90081 044 ****61.25

* 5 29876 - 90081 - 44 6 *

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

04/21/1994

65-0555436

4. FEI Number



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

	9. Name and Address of Current Registered	I Agent			10. Name and Address of New Registr	sieu Agent		
			81	Name				
RICE, JOHN M JR 5633 COUNTRY WALK LANE SARASOTA FL 34233		82	82 Street Address (P.O. Box Number is Not Acceptable)					
		83						
			84	City		FL 85	Zip C	ode
office or r	to the provisions of Sections 617.0502 and 617.15 egistered agent, or both, in the State of Florida. Sim familiar with, and accept the obligations of, Sec	uch change was auth	orized by	the corp	corporation submits this statement for the purpo	se of changi	ing its i	registered pistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applic	able (NOTE: Re	gistered Age	nt signature r	equired when reinstating) DA	TE .		
12.	OFFICERS AND DIRECTO		13.	orginaturo i	ADDITIONS/CHANGES TO OFFICER	S AND DIR	ECTO	RS IN 12
TITLE	PD OFFICERS AND DIRECTO	DELETE	1.1 TITLE		PD		nange	RS IN 12
NAME	DERUIZ, DANE	/	1.2 NAME		PHYLLIS RILE!			
		'	1	TADDRESS	5621 COUNTRY WALL LA.			
STREET ADDRESS	****		1.4 CITY-S		SAPASCIA IFU 34233			ĺ
CITY-ST-ZIP	SARASOTA FL	□ DELETE	2.1 TITLE	11-ZIF		Ch	nange	Addition
	VPD	C) belefe	2.2 NAME					
NAME	MCCURDY, JEFFREY R			T 4000000				\
STREET ADDRESS			•	T ADDRESS				}
CITY-ST-ZIP	SARASOTA FL 34233	D pereze	2.4 CITY-ST-ZIP			□ Ch	12000	Addition
TITLE	TD _.	☐ DELETE	3.1 TITLE				ianye	Addition
NAME	MCCURDY, JEFFREY R		3.2 NAME					
STREET ADDRESS	002, 000, 000		3.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL		3.4, CITY-ST-ZIP					
TITLE	SD	☐ DELETE	4.1 TITLE				hange	Addition
NAME	CLARK, TAMMY		4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-S	T-ZIP	D			
TITLE	D	DELETE	5.1 TITLE		MURCH , JAHES	Ch	ange	Addition
NAME	RILEY, PHYLLIS	•	52 NAME		SG21 COUNTRY WALK LA.			
STREET ADDRESS	1T.		6.3 STREE	TADORESS	SARASOTA, FL 34233			
CITY-ST-ZIP	SARASOTA FL 34233		5.4 CITY-5	T-ZIP				
TITLE	D	DELETE	6.1 TITLE		D	□ Ch	nange	Addition
NAME	HINMAN, JEREMY	•	6.2 NAME		RICE, JOHN			
STREET ADDRESS			6.3 STREE	TADDRESS	5633 COUNTRY WOLK LA.			
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-S	T-ZIP	SARASOTA , FL 34233			
OH I TO I TO I	UNITOUTA IL							

Country

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4. 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 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, with all other like empowered.

SIGNATURE:

SECOND USE OF PRINCED NAME OF SIGNING OFFICER OF DIRECTOR

4/30/99

(941) 925-2144