

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 07, 2006
Secretary of State**

DOCUMENT# N94000001977

Entity Name: COUNTRY WALK OF SARASOTA ASSOCIATION, INC.

Current Principal Place of Business:

5627 COUNTRY WALK LANE
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

5627 COUNTRY WALK LANE
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 65-0555436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANN, DAVID
5627 COUNTRY WALK LANE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GEORGE, MACQUESTEN
Address: 5680 COUNTRY WALK LANE
City-St-Zip: SARASOTA, FL 34233

Title: S () Delete
Name: BERES, BETH
Address: 5651 COUNTRY WALK LANE
City-St-Zip: SARASOTA, FL 34233

Title: T () Delete
Name: SIMONS, JANET
Address: 5657 COUNTRY WALK LANE
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: GIBA, KEVIN
Address: 5663 COUNTRY WALK LANE
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: MURCH, JAMES
Address: 5621 COUNTRY WALK LA
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: DAVID, MANN
Address: 5627 COUNTRY WALK LANE
City-St-Zip: SARASOTA, FL 34233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SIMONS, JANET
Address: 5657 COUNTRY WALK LANE
City-St-Zip: SARASOTA, FL 34233

Title: P (X) Change () Addition
Name: GIBA, KEVIN
Address: 5663 COUNTRY WALK LANE
City-St-Zip: SARASOTA, FL 34233

Title: D (X) Change () Addition
Name: TANGE, DICK
Address: 5650 COUNTRY WALK LA
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MANN

Electronic Signature of Signing Officer or Director

T

03/07/2006

Date