

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2009
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: D () Delete
Name: DAVID, MANN
Address: 5627 COUNTRY WALK LANE
City-St-Zip: SARASOTA, FL 34233

Title: S () Delete
Name: BLOUGH, KYLE
Address: 5694 COUNTRY WALK LANE
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: CLARK, JAMES
Address: 5692 COUNTRY WALK LANE
City-St-Zip: SARASOTA, FL 34233

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: CONNOR, THERESA
Address: 5656 COUNTRY WALK LA
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify 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

D

04/02/2009

Electronic Signature of Signing Officer or Director

Date