

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91291 003 ****61.25

DOCUMENT # N98000004380

1. Entity Name

LIBRARY MEWS ON THE SQUARE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2033 WOOD ST
 STE 215
 SARASOTA FL 34237
 US

Mailing Address

2033 WOOD ST
 STE 215
 SARASOTA FL 34237
 US

2. Principal Place of Business

40 Sarasota Center Blvd. #108A
 Suite, Apt. #, etc.

3. Mailing Address

40 Sarasota Center Blvd
 Suite, Apt. #, etc.
 #108A



MOORE CR2E037 (11/03)

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0893659

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELENDY, DONNIE P
 CMR PROPERTY MANAGEMENT, INC.
 2033 WOOD STREET, STE. 215
 SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name: CMR Property Management
 Street Address (P.O. Box Number is Not Acceptable):
 Donnie P. Melendy
 40 Sarasota Center Blvd. #108A
 City: Sarasota FL Zip Code: 34240

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 the obligations of registered agent.

SIGNATURE: *Donnie P. Melendy*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/04
 DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GAILLEY, BENARD	
STREET ADDRESS	200 COCOANUT AVENUE # 11	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TYSON, BETTY	
STREET ADDRESS	200 COCOANUT AVENUE # 4	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MICHEL, JOHN	
STREET ADDRESS	200 COCOANUT AVENUE # 10	
CITY-ST-ZIP	SARASOTA FL 34236	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	U Room, Bernal	
STREET ADDRESS	200 Coconut Ave #6	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tyson, Betty	
STREET ADDRESS	200 Coconut Ave #4	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andy Johnson	
STREET ADDRESS	200 Coconut Ave #3	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 4/16/04
 Date

Daytime Phone #