


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90099 024 \*\*\*\*61.25

**DOCUMENT # N98000004380**

1. Entity Name  
**LIBRARY MEWS ON THE SQUARE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**40 SARASOTA CENTER BLVD #108A  
 SARASOTA, FL 34240 US**

Mailing Address  
**40 SARASOTA CENTER BLVD #108A  
 SARASOTA, FL 34240 US**

20057101



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01242005 Chg-NP CR2E037 (10/03)

City & State  
 City & State

Zip Country  
 Zip Country

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

**CMR PROPERTY MANAGEMENT  
 DONNA B MELANDY  
 40 SARASOTA CENTER BLVD #108A  
 SARASOTA, FL 34240**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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	T	<input type="checkbox"/> Delete
NAME	BERNARD, VROOM	
STREET ADDRESS	200 COCONUT AVE #6	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	S	<input type="checkbox"/> Delete
NAME	TYSON, BETTY	
STREET ADDRESS	200 COCOANUT AVENUE # 4	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	P	<input type="checkbox"/> Delete
NAME	MICHEL, JOHN	
STREET ADDRESS	200 COCOANUT AVENUE # 10	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TYSON, BETTY	
STREET ADDRESS	200 COCONUT AVE #4	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, <del>GUY</del> <i>Guy</i>	
STREET ADDRESS	200 COCONUT AVE #3	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VROOM, BERNARD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty, TYSON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael, JOHN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GUY	
STREET ADDRESS		
CITY-ST-ZIP		
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: *Guy Johnson* **Guy Johnson**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/9/05** **378-1777**  
Date Daytime Phone # -ext 105