


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90043 018 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03132008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0893659 <input type="checkbox"/> Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CMR PROPERTY MANAGEMENT DONNA B MELANDY 40 SARASOTA CENTER BLVD #108A SARASOTA, FL 34240			Name <u>CMR Property Management, Inc</u> Street Address (P.O. Box Number is Not Acceptable) <u>40 Sarasota Center Blvd, 108 A</u> City <u>Sarasota</u> FL Zip Code <u>34240</u>		
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 <u>Donnie P. Melandy</u> <u>CMR Property Management, Inc</u> <u>4/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD, VROOM		NAME		
STREET ADDRESS	200 COCONUT AVE #6		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34236		CITY - ST - ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, BETTY		NAME		
STREET ADDRESS	200 COCOANUT AVENUE # 4		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34236		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, JOHN		NAME		
STREET ADDRESS	200 COCOANUT AVENUE # 10		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34236		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GUY		NAME		
STREET ADDRESS	200 COCONUT AVE #3		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34236		CITY - ST - ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTKE, DENNIS		NAME		
STREET ADDRESS	200 COCOANUT AVE #8		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34236		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Donny Johnson</u>			Date <u>4/12/08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		