

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33232

Entity Name: COUNTRY MEADOWS OF SARASOTA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2105 COUNTRY MEADOWS PLACE
SARASOTA, FL 34235**Current Mailing Address:**P. O. BOX 50183
SARASOTA, FL 34232**FEI Number: 65-0153618****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NONE
2105 COUNTRY MEADOWS PLACE
SARASOTA, FL 34235 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	DOROCIAK, CAROL
Address	1725 COUNTRY MEADOWS DRIVE
City-State-Zip:	SARASOTA FL 34235

Title	VP
Name	BALDWIN, JEFFREY S
Address	4970 COUNTRY MEADOWS BLVD.
City-State-Zip:	SARASOTA FL 34235

Title	PRESIDENT
Name	BOYCE, RICHARD J
Address	1860 COUNTRY MEADOWS TERRACE
City-State-Zip:	SARASOTA FL 34235

Title	TREASURER
Name	OLSON, LAUREL E
Address	2105 COUNTRY MEADOWD PL
City-State-Zip:	SARASOTA FL 34235

Title	DIRECTOR
Name	LONICKI, KAREN F
Address	2041 COUNTRY MEADOWS CIRCLE
City-State-Zip:	SARASOTA, FL 34235

I hereby 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 all other like empowered.

SIGNATURE: LAUREL E. OLSON**TREAS.****01/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date