

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90240 023 ****61.25

DOCUMENT # 734460					
1. Entity Name THE COUNTRY CLUB OF SARASOTA HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 595 BAY ISLES RD. SUITE 201 LONGBOAT KEY, FL 34228 US			Mailing Address 595 BAY ISLE RD SUITE 201 LONGBOAT KEY, FL 34228 US		
2. Principal Place of Business Suite, Apt. or Box # Lighthouse Management & Realty 16 Church St. City & State OSPREY, FL 34229		3. Mailing Address Suite, Apt. or Box # Lighthouse Management & Realty 16 Church St. City & State OSPREY, FL 34229			
Zip <u>34229</u> Country <u>US</u>		Zip <u>34229</u> Country <u>US</u>		03012006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-1906607				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIGHTHOUSE MGMT. & REALTY 16 CHURCH ST. OSPREY, FL 34229			7. Name and Address of New Registered Agent Name <u>Nick Angelastro</u> Street Address (P.O. Box Number is Not Acceptable) Lighthouse Management & Realty 16 Church St. City <u>OSPREY, FL 34229</u> FL Zip Code <u>34229</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 (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 PD NAME MOYNIHAN, JAMES STREET ADDRESS 3672 TORREY PINES WAY CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Delete		TITLE TD NAME Nick Angelastro STREET ADDRESS 3604 Torrey Pines Blvd. CITY-ST-ZIP Sarasota, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME YANCHEK, JOHN STREET ADDRESS 3948 SPYGLASS HILL RD. CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME BARTLETT, WILLIAM C STREET ADDRESS 3711 SPYGLASS HILL RD. CITY-ST-ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD NAME PEPE, KELLY STREET ADDRESS 3938 PRAIRE DUNES DR CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					