2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734460

FILED Mar 26, 2009 Secretary of State

Entity Name: THE COUNTRY CLUB OF SARASOTA HOMEOWNER'S ASSOCIATION, INC.

IGHTHOL		e of Business:	New Fillicipal Flace of Busiliess.	New Principal Place of Business:	
16 CHURC			LIGHTHOUSE PROPERTY MGMT		
JSPREY,	FL 34229	US	OSPREY, FL 34229 US		
Current M	lailing Addre	ess:	New Mailing Address:		
LIGHTHOU	JSE MGMT F CH ST	REALTY	LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST		
	FL 34229	US	OSPREY, FL 34229 US		
El Number:	: 59-1906607	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ())	
Name and	l Address of	Current Registered Agent:	Name and Address of New Registered Agent:		
	RAY GLASS HILL A, FL 34238				
	named entity of Florida.	submits this statement for the	purpose of changing its registered office or registered agent, or b	ooth,	
SIGNATUR					
	Electro	onic Signature of Registered Ag	ent Date		
OFFICER:	S AND DIRE	CTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTOR	
itle: lame: ddress: city-St-Zip:	SWITHERS, I	Y PINES BLVD.	Title: () Change () Addition Name: Address: City-St-Zip:		
itle: lame: .ddress: city-St-Zip:	FREEMAN, J	E DUNES DRIVE	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Nddress: Dity-St-Zip:	GROSKE, RA	ASS HILL ROAD	Title: () Change () Addition Name: Address: City-St-Zip:		
itle: lame: ddress: city-St-Zip:	FAIRLY, TOD	ASS HILL ROAD	Title: VP (X) Change () Addition Name: GERRITSEN, MARY LOUISE Address: 3850 TORREY PINES WAY City-St-Zip: SARASOTA, FL 34238		
Title: Name: Nddress: Dity-St-Zip:	KLAFTER, SA	ASSHILL ROAD	Title: () Change () Addition Name: Address: City-St-Zip:		
itle: lame: lddress:	GREENE, DIG 3857 PRAIRII) Delete CK E DUNES DRIVE FL 34238	Title: D (X) Change () Addition Name: SMITH-CLEMENS, SALLY Address: 3714 SPYGLASS HILL ROAD City-St-Zip: SARASOTA, FL 34238		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CONNIE SALUTER MGR 03/26/2009