2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 10 PM 3:13

DOCUMENT # N04000003938

1. Entity Name
COUNTRY MEADOWS COMMUNITY ASSOCIATION, INC.

REINSTATEMENT 05

Principal Place of Business	Mailing Address
438 INTERSTATE CT. SARASOTA, FL 34240	438 INTERSTATE CT. SARASOTA, FL 34240

09262005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
551 N. Cattleman Rd.	Same
Suite, Apt. #, etc.: # 202	Suite, Apt. #, etc.
City & State: Sarasota, Fla	City & State
Zip: 34232 Country	Zip Country

4. FEI Number: 20-3515108 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SELLINGER, JOHN ~~438 INTERSTATE CT.~~ ~~SARASOTA, FL 34240~~	Name: John Sellinger Street Address (P.O. Box Number is Not Acceptable): 551 N. Cattleman Rd # 202 City: Sarasota FL Zip Code: 34232

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.

X SIGNATURE _____ 9/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25 **After January 1, 2006, Fee will be $122.50**	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SELLINGER, JOHN 438 INTERSTATE CT. SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD REGO, MICHAEL 438 INTERSTATE CT. SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100061342651 11/10/05--01037--005 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BERUFF, CARLOS 2212 58TH AVE. EAST BRADENTON, FL 34203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X _____ 9/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #