2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 07, 2008 8:00 am Secretary of State

		ANNUA	Secretary or State									
DOCUMENT # N0400003938 1. Entity Name COUNTRY MEADOWS COMMUNITY ASSOCIATION, INC.] & l	04-07-2008	90053 04	4 ****6	1.25
Principal Place o 13575 58TH SI SUITE 148 CLEARWATER, F	TREET N	1357 SUITI	Mailing Address 13575 58TH STREET N SUITE 148 CLEARWATER, FL 33760					FIRM FRIM 12111 2011	[] 			
2. Principal Place of Business No P.O. Box #				322129 58th Ave East								
Suite, Apt. #,	etc.	Su	Suite, Apt. #, etc.				03052008 C	hg-NP	CR2E037	(12/06)		
City & State Bradento	on	Ci	City & State Bradenton				4. FEI Number 20-351510	08		<u> </u>	plied For Applicable	
3 ⁷ 4 ² 203	34203 Maffafee			3 4 7203 %							8.75 Add	
	6. Name a	ind Address of Curren	t Registere	d Agent		7. Name and Address of New Registered Agent						
Name							Charles Tokarz					
FERRARO, NICK 13575 58TH ST. NORTH SUITE 148 CLEARWATER, FL 33760						Street Address 2701 Box \$1070 pqr iqt(66Ac pagete)						
See attrice of the						City	y Bradenoton FL				Zip39p2r03	
8. The above na the obligation	ns of register	submits this statement red agent.	lean				_	red agent, or both, in	the State of Flo		niliar with,	and accept
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Trust Fund Contrib					_	_		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		OFFICERS AND E	DIRECTORS		11.			ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRE	CTORS IN	10
TITLE F NAME A STREET ADDRESS 5				Ď Delete	TITLI NAM STRE	·					Change	Addilion
NAME T STREET ADDRESS 2	/D (OKARZ, C 2212 58TH BRANDON	AVE EAST		☐ Delete			₽ BR	ADENTON	, FL =	,	Change	Addition
NAME K STREET ADDRESS 5		CHRIS TILOMAN RD., SUIT A, FL 34232	ГЕ 300	XI Delete		· · · · · · · · · · · · · · · · · · ·			·	(Change	☐ Addition
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

wes Open CHARLES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOKARZ

4-4-08 Oate

941-359-9000 X Dayime Phone • 11