

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09652
1. Corporation Name
COUNTRYWOOD PLACE, INC.

Principal Place of Business Mailing Address
4402 Bee Ridge Road
P. O. Box 36004
Sarasota, FL 34233

2. Principal Place of Business 2a. Mailing Address
21 P. O. Box 21203 26 P. O. Box 21203
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 None 27
City & State City & State
23 Sarasota, FL 28 Sarasota, FL
Zip Country Zip Country
24 34276 25 34276 30

3. Date Incorporated or Qualified 3a. Date of Last Report
06/07/1985 03/08/95
4. FEI Number Applied For
59-2545672 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No N/A

9. Name and Address of Current Registered Agent
MCAHREN, VEANNA J.
720 S. Orange Ave.
Sarasota, FL 34236

10. Name and Address of New Registered Agent
81 Name
ST. LAWRENCE, CLYDE P.
82 Street Address (P.O. Box Number is Not Acceptable)
2803 Indianwood Drive
83
84 City FL 85 Zip Code
Sarasota 34232

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Clyde P. Lawrence*
Signature of registered agent or printed name of registered agent and title and capacity (NOTE: Registered Agent signature required when first filing)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD MCAHREN, DARRYL 5765 Whistlewood Cir. Sarasota, FL
VP SWINEY, TOMMY 2826 Indianwood Dr. Sarasota, FL
D JAMES, ELEANOR 5773 Whistlewood Circle Sarasota, FL
STD MCAHREN, VEANNA 5765 Whistlewood Circle Sarasota, FL
☐ DELETE
☐ DELETE
☐ DELETE

13. ☐ Change ☐ Addition
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

100001791691
-04/24/96--01002--006
***61.25

CR2E037 (12/95)
4-23-96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Darryl A. McAhren

(941) 377-7782