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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N09652

(1)

COUNTRYWOOD PLACE, INC.

FILED Mar 12 1997 8:00am Secretary of State



	of Business				ł .		
P.O. BOX 21203 SARASOTA FL 34276		P.O. BOX 21203 SARASOTA FL 34278-420	P.O. BOX 21203 SARASOTA FL 34278-4203				
					3. Date incorporated or Qualified 06/07/1985	3a. Date of L 04/2	ast Report 3/1996
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26			59-2545672		Not Applicabl
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & State	······································	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5	5.00 May Be
3		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Country		8. This corporation has liability for		der s. 199.032,
4	25 9. Name and Address of Curre	29	30]		Florida Statutes 10. Name and Address of New Ro	Yes No	
	9. Name and Address of Cure	ur undistatan wänir	81	Name	TO. Name and Address of New A	edisteted Water	
A=	SENOT OLUME D		<u>.</u>	1401110			
	RENCE, CLYDE P		82 Street Address (P.O. Box Numbe		ress (P.O. Box Number is Not Accepta	ble)	
2803 INDIANWOOD DRIVE			83			· · · · · · · · · · · · · · · · · · ·	·
SAKASU	TA FL 34232		**				•
			84	City		FL 65	Zip Code
44 D	the second cost one C17.05	00 and 617 1500 Florida Diak	the the electric		and the state of t		alaa ka saalatar
office or re	o the provisions or sections 617,05 gistered agent, or both, in the Stat	e of Florida. Such change was	ites, the above authorized by	the corpora	poration submits this statement for the ation's board of directors. I hereby acception	purpose of chang opt the appointme	ging its registered ent as registered
agent. Fam	familiar with, and accept the obliq	gations of, Section 617.0503, F	iorida Statutes				_
				••			
SIGNATURE							
s	greature typed or printed name of registered as		TE: Registered Age		vired when reinstating)	DATE	
S 12.	OFFICERS AT	ND DIRECTORS	TE: Registered Age	nt signature requi	oired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRE	CTORS IN 12
IZ.	OFFICERS AF		TE: Registered Age 13.	int signature requi	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRE	CTORS IN 12
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to execute this report as required by Chapter 617, Florida Statutes; and that my name

Daylime Phone # 0064120