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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **N09652** (1)  
1. Corporation Name  
**COUNTRYWOOD PLACE, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 21203 SARASOTA FL 34276** **P.O. BOX 21203 SARASOTA FL 34276-4203**

3. Date Incorporated or Qualified **06/07/1985** 3a. Date of Last Report **04/23/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2545672** Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**ST LAWRENCE, CLYDE P**  
**2803 INDIANWOOD DRIVE**  
**SARASOTA FL 34232**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SECRETARY/DIR.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCAHREN, DARRYL</b>	1.2 NAME	<b>ZAYAS, FRANK</b>
STREET ADDRESS	<b>5765 WHISTLEWOOD CIR.</b>	1.3 STREET ADDRESS	<b>5750 WHISTLEWOOD CIR.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VP/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWINEY, TOMMY</b>	2.2 NAME	
STREET ADDRESS	<b>2828 INDIANWOOD DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TREASURER/DIR.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES, ELEANOR</b>	3.2 NAME	<b>STANTON, JOANNE</b>
STREET ADDRESS	<b>5773 WHISTLEWOOD CIRCLE</b>	3.3 STREET ADDRESS	<b>2819 INDIANWOOD DR.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>MCAHREN, VEANNA</b>	4.2 NAME	
STREET ADDRESS	<b>5765 WHISTLEWOOD CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE: *Darryl McAhren* 3/1/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064120

CR2E037 (9/96)