2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2006
Secretary of State

DOCUMENT# N25419

Entity Name: COUNTRY MANOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4775 COUNTRY MANOR DRIVE
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

4775 COUNTRY MANOR DRIVE
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 58-1884471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYETTE, DAVID
4775 COUNTRY MANOR DRIVE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KRAGEL, DAN
Address: 4740 COUNTRY MANOR DR
City-St-Zip: SARASOTA, FL 34233

Title: T ( ) Delete
Name: DUKE, BILL
Address: 4014 SOUTHERN MANOR COURT
City-St-Zip: SARASOTA, FL 34233

Title: PD ( ) Delete
Name: BOYETTE, DAVID
Address: 4775 COUNTRY MANOR DRIVE
City-St-Zip: SARASOTA, FL 34233 US

Title: D ( ) Delete
Name: KAUFMAN, KEN
Address: 4035 WESTFIELD
City-St-Zip: SARASOTA, FL 34233

Title: D ( ) Delete
Name: COLLYER, MACON
Address: 4051 SOUTHERN MANOR CT.
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STYERS, JAMIE
Address: 4015 WESTFIELD COURT
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BOYETTE P 01/07/2006

Electronic Signature of Signing Officer or Director — Date