

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25419

FILED  
Jan 08, 2007  
Secretary of State

**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: STYERS, JAMIE  
Address: 4015 WESTFIELD COURT  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: VAN SCHULTZ, TIM  
Address: 4714 COUNTRY MANOR DRIVE  
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:

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

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date