

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N27413 (6)

1. Corporation Name

THE MEADOWS COUNTRY CLUB, INC.



Principal Place of Business

3101 LONGMEADOW  
SARASOTA FL 34235  
US

Mailing Address

3101 LONGMEADOW  
SARASOTA FL 34235  
US

3. Date Incorporated or Qualified  
07/13/1988

3a. Date of Last Report  
06/22/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number  
65-0065871

Applied For  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DART, JOHN M.  
1549 RINGLING BOULEVARD  
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DS

☐ DELETE

NAME

DESANTO, JOHN  
5891 PIPERS WAITE  
SARASOTA FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

DV

☐ DELETE

NAME

PALAZZO, DOMINIC  
5682 PIPERS WAITE  
SARASOTA FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

DP

☐ DELETE

NAME

MINKUS, HAROLD  
4443 GLEBE FARM ROAD  
SARASOTA FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

T

☐ DELETE

NAME

REAM, W. L  
3572 FERNDOLL  
SARASOTA FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DS

☒ Change

☒ Addition

1.2 NAME

Dickie, Ruth  
5416 Chantilly

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Sarasota, FL 34235

2.1 TITLE

DV

☒ Change

☐ Addition

2.2 NAME

Ward, Robert L.  
4925 Marshfield Road

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Sarasota, FL 34235

3.1 TITLE

DP

☒ Change

☐ Addition

3.2 NAME

Palazzo, Dominic  
5682 Pipers Waite

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Sarasota, FL 34235

4.1 TITLE

DT

☒ Change

☐ Addition

4.2 NAME

Ream, W. Lawrence  
3572 Ferndell

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Sarasota, FL 34235

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Bank deposit \$ 61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

*Dominic Palazzo* - President

4/4/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dominic V. Palazzo, President

Date

Daytime Phone #

CR2E037 (12/95)