

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 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 # **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 34235-6905
US**

3. Date Incorporated or Qualified
07/13/1988

3a. Date of Last Report
04/12/1986

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 34238**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DICKIE, RUTH	
STREET ADDRESS	5416 CHANTILLY	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WARD, ROBERT L	
STREET ADDRESS	4925 MARSHFIELD ROAD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PALAZZO, DOMINIC	
STREET ADDRESS	5682 PIPERS WAITE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	REAM, LAWRENCE W	
STREET ADDRESS	3572 FERNDILL	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KOLLEVOLL, SANDRA	
1.3 STREET ADDRESS	4485 LONGMEADOW	
1.4 CITY-ST-ZIP	SARASOTA, FL 34235	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	REAM, W. LAURENCE	
2.3 STREET ADDRESS	3572 FERNDILL	
2.4 CITY-ST-ZIP	SARASOTA, FL 34235	
3.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DICKIE, RUTH C.	
3.3 STREET ADDRESS	1891 CHIMNEY CREEK PLACE	
3.4 CITY-ST-ZIP	SARASOTA, FL 34235	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOLLIS, WILLIAM	
4.3 STREET ADDRESS	3416 HIGHLANDS BRIDGE ROAD	
4.4 CITY-ST-ZIP	SARASOTA, FL 34235	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(i), 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: *Ruth C. Dickie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97
Date

371-0433
Daytime Phone # **0063201**

CR2E037 (9/96)