

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90079 032 \*\*\*\*61.25

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**DOCUMENT # N27413**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/13/1988

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

9. Name and Address of Current Registered Agent

DART, JOHN M.  
1549 RINGLING BOULEVARD  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 DP ~~DELETE~~  
NAME DICKIE, RUTH  
STREET ADDRESS 1891 CHIMNEY CREEK PLACE  
CITY-ST-ZIP SARASOTA FL

TITLE DS ~~DELETE~~  
NAME KOLLEVOLL, SANDRA  
STREET ADDRESS 4485 LONGMEADOW  
CITY-ST-ZIP SARASOTA FL

TITLE DT ~~DELETE~~  
NAME HOLLIS, WILLIAM  
STREET ADDRESS 3416 HIGHLANDS BRIDGE RD  
CITY-ST-ZIP SARASOTA FL

TITLE DV ~~DELETE~~  
NAME REAM, LAWRENCE W  
STREET ADDRESS 3572 FERNDILL  
CITY-ST-ZIP SARASOTA FL

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 DP ~~Change~~ ☐ Addition  
1.2 NAME W. Lawrence Ream  
1.3 STREET ADDRESS 3572 Ferndell  
1.4 CITY-ST-ZIP Sarasota, FL 34235

2.1 TITLE DS ☐ Change ☒ Addition  
2.2 NAME Mary DeSanto  
2.3 STREET ADDRESS 3050 Highlands Bridge Road  
2.4 CITY-ST-ZIP Sarasota, FL 34235

3.1 TITLE DT ☐ Change ☒ Addition  
3.2 NAME Robert Gleason  
3.3 STREET ADDRESS 3000 Highlands Bridge Road  
3.4 CITY-ST-ZIP Sarasota, FL 34235

4.1 TITLE DV ~~Change~~ ☐ Addition  
4.2 NAME William Hollis  
4.3 STREET ADDRESS 3416 Highlands Bridge Road  
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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)