

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90024 042 ****61.25

DOCUMENT # N33232

1. Entity Name

COUNTRY MEADOWS OF SARASOTA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 50183
SARASOTA FL 34232

POST OFFICE BOX 50183
SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, DANIEL E. PA
2170 MAIN STREET
SARASOTA FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME PRIEST, JEAN
STREET ADDRESS 2002 COUNTRYMEADOWS PLACE
CITY-ST-ZIP SARASOTA FL 34235

TITLE VD ☐ Delete
NAME FEASTER, KEVIN
STREET ADDRESS 2025 COUNTRY MEADOW PLACE
CITY-ST-ZIP SARASOTA FL 34235

TITLE D ☒ Delete
NAME ZIARNO, FREDERICK
STREET ADDRESS 1971 COUNTRY MEADOWS CIRCLE
CITY-ST-ZIP SARASOTA FL 34235

TITLE TD ☐ Delete
NAME OLSON, LAUREL
STREET ADDRESS 2105 COUNTRY MEADOWS PLACE
CITY-ST-ZIP SARASOTA FL 34235

TITLE PD ☐ Delete
NAME BEAHM, RON
STREET ADDRESS 4830 COUNTRY MEADOWS BLVD
CITY-ST-ZIP SARASOTA FL 34235

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D. PHILLIP JOHNSON**
STREET ADDRESS **4850 COUNTRY MEADOWS BLVD**
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

7-22-06 (941) 371-8606