

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33232

FILED
Feb 21, 2009
Secretary of State

Entity Name: COUNTRY MEADOWS OF SARASOTA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5041 RINGWOOD MEADOW
STE 2
SARASOTA, FL 34235

New Principal Place of Business:

2105 COUNTRY MEADOWS PLACE
SARASOTA, FL 34235

Current Mailing Address:

5041 RINGWOOD MEADOW
STE 2
SARASOTA, FL 34235

New Mailing Address:

P. O. BOX 50183
SARASOTA, FL 34232

FEI Number: 65-0153618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAMI MANAGEMENT INC
5041 RINGWOOD MEADOW
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

NONE
2105 COUNTRY MEADOWS PLACE
SARASOTA, FL 34235 US

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: NONE

02/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CLINE, REBEKKA
Address: 2022 COUNTRY MEADOWS PLACE
City-St-Zip: SARASOTA, FL 34235

Title: VD () Delete
Name: FEASTER, KEVIN
Address: 2025 COUNTRY MEADOW PLACE
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: JOHNSON, B. PHILLIP
Address: 4850 COUNTRY MEADOWS BLVD
City-St-Zip: SARASOTA, FL 34235

Title: TD () Delete
Name: OLSON, LEE
Address: 2105 COUNTRY MEADOWD PL
City-St-Zip: SARASOTA, FL 34235

Title: PD () Delete
Name: BEAHM, RON
Address: 4830 COUNTRY MEADOWS BLVD
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: OLSON, LAUREL E
Address: 2105 COUNTRY MEADOWD PL
City-St-Zip: SARASOTA, FL 34235

Title: PD (X) Change () Addition
Name: HAMM, TED
Address: 4049 COUNTRY MEADOWS LANE
City-St-Zip: SARASOTA, FL 34235

I hereby certify that the information supplied with this filing does not qualify 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: L. E. OLSON, TREAS.

TD

02/21/2009

Electronic Signature of Signing Officer or Director

Date