SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 16 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39618 (6)

1. Corporation Name
THE COUNTRY CLUB OF SARASOTA HOMEOWNERS' ASSOCIATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
7451 BENEVA RD SARASOTA FL 34238	7451 BENEVA RD SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0221488 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE COUNTRY CLUB OF SARASOTA HOMEOWNERS' ASSOCIATION, INC.
7451 BENEVA RD
SARASOTA FL 34238

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	BASILE, BEN	1.2 NAME	PAUL WIGTON, PRES.	
STREET ADDRESS	3819 TORREY PINES BLVD	1.3 STREET ADDRESS	3826 TORREY PINES WAY	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL. 34238	
TITLE	DS	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	NOCERO, DON	2.2 NAME	DONALD McNERTNEY	
STREET ADDRESS	3707 PRAIRIE DUNES DR	2.3 STREET ADDRESS	3977 SPYGLASS HILL Rd	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA 34238	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	SUNDERMAN, CHARLES	3.2 NAME	BASILE, BEN	
STREET ADDRESS	3704 PRAIRIE DUNES DR	3.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	DV	4.1 TITLE		☒ Change ☐ Addition
NAME	DONNELLY, ROBERT W.	4.2 NAME	NOCERO DON	
STREET ADDRESS	3725 PRAIRIE DUNES DR	4.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE	DP	5.1 TITLE	DT	☒ Change ☐ Addition
NAME	GERRITSEN, MARY L.	5.2 NAME	TREASURER, DIR.	
STREET ADDRESS	3850 TORREY PINES WAY	5.3 STREET ADDRESS	GERRITSEN, MARY L	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	3850 TORREY PINES WAY, SARASOTA 34[illegible]	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	DP 7/11	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: R.W. Donnelly DV 6/12/95 (941) 924-1678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6018111