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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001333 (4)

1. Corporation Name

COUNTRY MEADOWS HOMEOWNERS ASSOCIATION OF SANTA
ROSA COUNTY, INC.

Principal Place of Business

Mailing Address

4475 WOODBINE ROAD
SUITE 6
PACE FL 325714475 WOODBINE ROAD
SUITE 6
PACE FL 32571-87383. Date Incorporated or Qualified
03/23/19933a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 3325 Country Meadow Ln

26 3325 Country Meadow Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pace, FL

28 Pace, FL

Zip

Country

Zip

Country

24 32571

25 USA

29 32571

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, ROBERT O
4475 WOODBINE ROAD
SUITE 6
PACE FL 32571

81 Name Robert Stinson

82 Street Address (P.O. Box Number is Not Acceptable)
3325 Country Meadow Lane

83

84 City Pace

FL

85 Zip Code 32571

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

Robert Stinson

(NOTE: Registered Agent signature required when reinstating)

3/4/97

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, ROBERT O	
STREET ADDRESS	4475 WOODBINE ROAD #8	
CITY-ST-ZIP	PACE FL 32571	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHRISTOPHER LARIMER
1.3 STREET ADDRESS	3332 COUNTRY MEADOW LN
1.4 CITY-ST-ZIP	PACE, FL

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, CAROL	
STREET ADDRESS	4475 WOODBINE ROAD #8	
CITY-ST-ZIP	PACE FL 32571	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT STINSON
2.3 STREET ADDRESS	3325 COUNTRY MEADOW LN
2.4 CITY-ST-ZIP	PACE, FL

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, LACIE A	
STREET ADDRESS	4475 WOODBINE ROAD #8	
CITY-ST-ZIP	PACE FL 32571	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GLATER TODD
3.3 STREET ADDRESS	3307 COUNTRY MEADOW LN
3.4 CITY-ST-ZIP	PACE, FL

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAM BLACK
4.3 STREET ADDRESS	3319 COUNTRY MEADOW LN
4.4 CITY-ST-ZIP	PACE, FL

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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: X

Robert Stinson

3/4/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074533

CR2E037 (9/96)