

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001333

1. Entity Name

COUNTRY MEADOWS HOMEOWNERS ASSOCIATION OF SANTA ROSA COUNTY, INC.

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90025 023 ****61.25

0064127

Principal Place of Business
3325 COUNTRY MEADOW LN
PACE FL 32571
US

Mailing Address
3325 COUNTRY MEADOW LN
PACE FL 32571
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3215533

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINSON, ROBERT
3325 COUNTRY MEADOW LN
PACE FL 32571

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.

SIGNATURE ROBERT STINSON TREASURER 4/01/02
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

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	STINSON, ROBERT	3325 COUNTRY MEADOW LN	PACE FL	<input type="checkbox"/>
D	LARIMER, CATHERINE R	3332 COUNTRY MEADOW LN	PACE FL 32571	<input type="checkbox"/>
D	HILL, EDWARD	3314 COUNTRY MEADOW LN	PAIG FL 32571	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

PACE, FL 32571

12. 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 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: Robert Stinson REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/02
Date

850/994-2937
Daytime Phone #

CR2E037 (9/01)