

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90011 012 ****61.25

DOCUMENT # N93000001333

1. Entity Name

**COUNTRY MEADOWS HOMEOWNERS ASSOCIATION OF
SANTA ROSA COUNTY, INC.**



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. 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, 2005**

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 **D** ☐ Delete
NAME **STINSON, ROBERT**
STREET ADDRESS **3325 COUNTRY MEADOW LN**
CITY-ST-ZIP **PACE FL**

TITLE **D** ☒ Delete
NAME **LARIMER, CATHERINE R**
STREET ADDRESS **3332 COUNTRY MEADOW LN**
CITY-ST-ZIP **PACE FL 32571**

TITLE **D** ☒ Delete
NAME **HILL, EDWARD**
STREET ADDRESS **3314 COUNTRY MEADOW LN**
CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **M. LOUISE STINSON**
STREET ADDRESS **3325 COUNTRY MEADOW LN.**
CITY-ST-ZIP **PACE, FL 32571**

TITLE ☒ Change ☐ Addition
NAME **-SLATER-TODD**
STREET ADDRESS **3307 COUNTRY MEADOW LN.**
CITY-ST-ZIP **PACE, FL 32571**

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05

Date

850-994-2837

Daytime Phone #