## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000001977

FILED Apr 18, 2008 Secretary of State

Entity Name: COUNTRY WALK OF SARASOTA ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5627 COUNTRY WALK LANE SARASOTA, FL 34233 US **Current Mailing Address: New Mailing Address:** 5627 COUNTRY WALK LANE SARASOTA, FL 34233 FEI Number: 65-0555436 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANN, DAVID 5627 COUNTRY WALK LANE SARASOTA, FL 34233 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition DAVID, MANN DAVID, MANN Name: Name: 5627 COUNTRY WALK LANE Address: 5627 COUNTRY WALK LANE Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233 Title: Title: (X) Change ( ) Addition () Delete BERES, BETH Name: BLOUGH, KYLE Name: Address: 5651 COUNTRY WALK LANE Address: 5694 COUNTRY WALK LANE City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233 Title: () Delete Title: (X) Change ( ) Addition SIMONS, JANET CLARK, JAMES Name: Name: 5657 COUNTRY WALK LANE 5692 COUNTRY WALK LANE Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233 ( ) Delete Title: Title: () Change () Addition Name: GIBA, KEVIN Name: 5663 COUNTRY WALK LANE Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition TANGE, DICK STANCEL, STEVEN Name: Name: 5650 COUNTRY WALK LA 5621 COUNTRY WALK LA Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233

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: DAVID MANN D 04/18/2008