

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004380

FILED
Apr 06, 2009
Secretary of State

Entity Name: LIBRARY MEWS ON THE SQUARE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

40 SARASOTA CENTER BLVD #108A
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

40 SARASOTA CENTER BLVD #108A
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 65-0893659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CMR PROPERTY MANAGEMENT
40 SARASOTA CENTER BLVD #108A
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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:

Title: S () Delete
Name: TYSON, BETTY
Address: 200 COCOANUT AVENUE # 4
City-St-Zip: SARASOTA, FL 34236

Title: P () Delete
Name: MICHAEL, JOHN
Address: 200 COCOANUT AVENUE # 10
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: JOHNSON, GUY
Address: 200 COCONUT AVE #3
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: TYSON, BETTY
Address: 40 SARASOTA CENTER BLVD., 108A
City-St-Zip: SARASOTA, FL 34240 US

Title: DP (X) Change () Addition
Name: MICHAEL, JOHN
Address: 40 SARASOTA CENTER BLVD., 108A
City-St-Zip: SARASOTA, FL 34240 US

Title: DT (X) Change () Addition
Name: JOHNSON, GUY
Address: 40 SARASOTA CENTER BLVD., 108A
City-St-Zip: SARASOTA, FL 34240 US

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: JOHN MICHEL

DP

04/06/2009

Electronic Signature of Signing Officer or Director

Date