

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004380

**FILED**  
**Mar 28, 2010**  
**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:** DS  
**Name:** TYSON, BETTY  
**Address:** 40 SARASOTA CENTER BLVD., 108A  
**City-St-Zip:** SARASOTA, FL 34240 US

**Title:** DP  
**Name:** MICHEL, JOHN  
**Address:** 40 SARASOTA CENTER BLVD., 108A  
**City-St-Zip:** SARASOTA, FL 34240 US

**Title:** DT  
**Name:** JOHNSON, GUY  
**Address:** 40 SARASOTA CENTER BLVD., 108A  
**City-St-Zip:** SARASOTA, FL 34240 US

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN MICHEL

DP

03/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date