FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 28 AM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13257 (3)

1. Corporation Name

COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
824 E. FLETCHER DR. 1127 MAIN STREET TAMPA FL 33612 US	824 E. FLETCHER AVE. TAMPA FL 33612 US

3. Date Incorporated or Qualified: 01/04/1991
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-2628974 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

UNIVERSITY PROPERTIES INC.
824 EAST FLETCHER AVENUE
TAMPA FL 33612-2601

10. Name and Address of New Registered Agent

81 Name: ~~[illegible]~~ Steven H. Mezer, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1212 Court Street Suite B
83
84 City: Clearwater FL 85 Zip Code: 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] STEVEN H. MEZER, PRES. 2/7/95
(Director or Officer or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	S/D	☒ Change ☐ Addition
NAME	SIKORSKI, FRED	1.2 NAME	Revels, Del	
STREET ADDRESS	311 PARK PL BLVD STE 600	1.3 STREET ADDRESS	11655 Fox Creek Dr	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Tampa FL 33635	
TITLE	VD	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	JOHNSON, GLENN	2.2 NAME		
STREET ADDRESS	11905 STEPPINGSTONE BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	MILLER, FRANCINE	3.2 NAME	Boozer, Robert	
STREET ADDRESS	311 PARK PL BLVD STE 600	3.3 STREET ADDRESS	11609 Brush meadow Dr	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Tampa FL 33635	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2-13-95 813-977-2401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014213