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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N13257 (3)

1. Corporation Name
COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

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

4. FEI Number: 59-2628974 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7001 Temple Terrace Highway	26 7001 Temple Terrace Highway
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Temple Terrace FL	28 City & State: Temple Terrace FL
24 Zip: 33637 25 Country: Hillsborough	29 Zip: 33637 30 Country: Hillsborough

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEZER, STEVEN P 1212 COURT STREET SUITE B CLEARWATER FL 34616	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D/P	☐ Change ☒ Addition
NAME	REVELS, DEL		1.2 NAME	Fellether, Vincent	
STREET ADDRESS	11655 FOX CREEK DR		1.3 STREET ADDRESS	12707 Twin Brook Acre Rd	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa FL 33626	
TITLE	PD	☐ DELETE	2.1 TITLE	D/V P	☒ 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	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HANJIAN, JERRY		3.2 NAME		
STREET ADDRESS	11407 GEORGETOWN CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	D/S	☐ Change ☒ Addition
NAME	SANFORD, DONNA L.		4.2 NAME	Parker, Joanne	
STREET ADDRESS	11519 GLENMONT DRIVE		4.3 STREET ADDRESS	11420 Zenith Circle	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa FL 33635	
TITLE	D	☒ DELETE	5.1 TITLE	D/P	☐ Change ☒ Addition
NAME	SHORTRIDGE, SANDY		5.2 NAME	Christie, Bill	
STREET ADDRESS	11420 GLENMONT DRIVE		5.3 STREET ADDRESS	8719 Imperial Court	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Tampa FL 33635	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: [illegible] Title: [illegible] Date: [illegible]