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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13257**

1. Corporation Name
COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7001 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE FL 33637 US	7001 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE FL 33637 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/04/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2628974 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MEZER, STEVEN P
1212 COURT STREET
SUITE B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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/VP	☒ Change ☐ Addition
NAME	FELLEHER, VINCENT		1.2 NAME		
STREET ADDRESS	12707 TWIN BRANCH ACRE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33626		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE	D/T	☒ 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	D/	☐ Change ☒ Addition
NAME	HANJIAN, JERRY		3.2 NAME	Tomasullo, Michael	
STREET ADDRESS	11407 GEORGETOWN CIRCLE		3.3 STREET ADDRESS	8715 Imperial Court	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa FL 33635	
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, JOANNE		4.2 NAME		
STREET ADDRESS	11420 ZENITH CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33635		4.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTIE, BILL		5.2 NAME		
STREET ADDRESS	8719 IMPERIAL CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33635		5.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-27-99 813-980-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #