

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90028 040 ****61.25

DOCUMENT # N13257	
1. Entity Name COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 7001 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637 US	Mailing Address 7001 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

94025961



01272004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2628974	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEZER, STEVEN P 1212 COURT STREET <i>330 South Franklin Street</i> SUITE-B <i>Tampa, FL 33602</i> CLEARWATER, FL 34616		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVELS, DEL 11655 FOX CREEK DR. TAMPA, FL 33635 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDNEY KRAUSS 11429 Georgetown Circle TAMPA, FL 33635 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHAMPION, KARIN 8722 CHADWICK DR TAMPA, FL 33635 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHRISTIE, BILL 8719 IMPERIAL CT TAMPA, FL 33635 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TOMASULLO, MICHAEL 8715 IMPERIAL COURT TAMPA, FL 33635 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Thomas Cousins 11228 Bloomington Drive TAMPA, FL 33635 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAWLS, JAMES 8708 CHARNING KNOLL COURT TAMPA, FL 33635 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Michael Perry 11323 Clayridge Drive Tampa, FL 33635 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Christie* **Feb 18, 2004** **813-855-1397**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

William Christie