2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N13257 2007 SEP 27 PM 2: 15 COUNTRYWAY HOMEOWNERS ASSOCIATION, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA 7001 TEMPLE TERRACE HIGHWAY 7001 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637 TEMPLE TERRACE, FL 33637 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07162007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-2628974 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WESTERMAN, MARIELLE E Street Address (P.O. Box Number is Not Acceptable) 215 VERNE STREET SUITE A TAMPA, FL 33606 Zip Code City FL 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) 9. Election Campaign Financing \$5.00 May Be Make check payable to Amended AR is \$61,25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE D TITLE Reese, Davic Addition Delete QUENTMEYER, ROY NAME 8 not Tarrington Pl NAME 11718 SPANISH LAKE DR STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP TAMPA, FL 33635 CITY-ST-ZIP DS กร ☐ Change Addition TITLE ☐ Delete TITLE SHORTRIDGE, SANDRA NAME akër, NAME 11420 GLENMONT DR. STREET ADDRESS STREET ADDRESS 11316 Bloomington Ur large CHTY-ST-ZIP TAMPA, FL 33635 CITY-ST-ZIP ÑΡ TITLE DVP Shortridge, Sandra 11420 Glenmont Dr ☐ Delete TITLE NAME KANNARD, JAMES NAMÉ STREET ADDRESS 11404 PALM PASTURE DRIVE STREET ADDRESS TAMPA, FL 33635 CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE DT ☐ Delete NAME KISSEL, ERIC NAME 11426 GEORGETOWN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33635 CITY-ST-ZIP Delete [] Change ☐ Addition TITLE TITLE SMITH, NANCY NAME NAME STREET ADDRESS 8108 STONEFIELD WAY STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33635 CITY-ST-ZIP TITLE TITI F ☐ Delete ☐ Change · Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

813 854 558 2 Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI