2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURI

DOCUMENT # N13257 SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name COUNTRYWAY HOMEOWNERS ASSOCIATION, INC. 08 SEP 10 PM 4: 32 Principal Place of Business Mailing Address 7001 TEMPLE TERRACE HIGHWAY 7001 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637 US TEMPLE TERRACE, FL 33637 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08142008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-2628974 Not Applicable Zip Country Zip 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 WESTERMAN, MARIEULE E Street Address (P.O. Box Number is Not Acceptable) 215 VERNE STREET SUITE A **TAMPA, FL 33606** City Zip Code 8. The above amed 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE Delete TITLE ☐ Change REESE, DAVID NAME NAME Johnn Doherty 11631 Fox Creak Drive 8704 TARRINGTON PL STREET ADDRESS STREET ADDRESS Tampa, FL 33635 CITY-ST-ZIP TAMPA, FL 33635 CITY-ST-ZIP DS Delete TITLE Addition ☐ Change Darlene Fernandez BAKER, DON NAME NAME 11307 Clayridge Drive Tampa, FL 33635 STREET ADDRESS 11316 BLOOMINGTON DR STREET ADDRESS TAMPA, FL 33635 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition KANNARD, JAMES NAME NAME 8610 Thimble berry Lane STREET ADDRESS 11404 PALM PASTURE DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33635 CITY-27-ZIP ampa, FL 33635 DVP Delete TITLE Addition TITLE NAME SHORTRIDGE, SANDRA NAME 205 Bloomington Drive 11420 GLENMONT DR STREET ADDRESS STREET ADORESS CITY-ST-ZIP TAMPA, FL 33635 CITY-ST-ZIP 1 ampa, FL 33635 ☐ Delete TITLE ☐ Addition TITLE ວວດວິດສຸດ 18** 100-1018--001 19** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 of 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.