


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90101 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N14703					
1. Corporation Name MEADOWS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business CARLSON PROPERTY MANAGEMENT 1127 MAIN STREET DUNEDIN FL 34698 US			Mailing Address %DELIS PROPERTY MANAGEMENT INC. 1127 MAIN ST DUNEDIN FL 34698		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 University Properties Inc		26 University Properties Inc		05/02/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 7001 Temple Terrace Highway		27 7001 Temple Terrace Highway		59-2671038	
City & State		City & State		Applied For	
23 Temple Terrace FL		28 Temple Terrace FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 33637		29 33637		30 Hillsborough	
Country		Country		\$8.75 Additional Fee Required	
25 Hillsborough		30 Hillsborough		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GUADALUPE, WILFREDO 12003 PLATIN CT TAMPA FL 33635				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE PD				1.1 TITLE			
NAME GUADALUPE, WILFREDO				1.2 NAME			
STREET ADDRESS 12003 PLANTAIN COURT				1.3 STREET ADDRESS			
CITY-ST-ZIP TAMPA FL				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE VPD				2.1 TITLE			
NAME FREEMAN, CHARLES I.				2.2 NAME			
STREET ADDRESS 8610 THIMBELBERRY LANE				2.3 STREET ADDRESS			
CITY-ST-ZIP TAMPA FL				2.4 CITY-ST-ZIP			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE STD				3.1 TITLE S/D			
NAME CHARRELLO, FRANK				3.2 NAME O'Connell, Bob			
STREET ADDRESS 8609 THIMBELBERRY LANE				3.3 STREET ADDRESS 12001 Peony Court			
CITY-ST-ZIP TAMPA FL 33635				3.4 CITY-ST-ZIP Temple FL 33635			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)