

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19198 (3)

1. Corporation Name

THE LAKES OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**8504 RONDELET COURT
TAMPA FL 33635**

Mailing Address

**8504 RONDELET COURT
TAMPA FL 33635**



3. Date Incorporated or Qualified
02/11/1987

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 11809 Classic Lake Way

26 11809 Classic Lake Way

4. FEI Number
59-2966898

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

City & State

City & State

23 Tampa, Fl

28 Tampa, Fl

Zip

Country

Zip

Country

24 33635

25

29 33635

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIGHBAUGH, JAMES B.
4025 TAMPA RD. E. SUITE 1202
OLDSMAR FL 34677**

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

83

120 State St. Ste 101

84 City

OLDSMAR

FL

85 Zip Code

34677

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 at pleasure

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☐ DELETE
NAME **REICHARD, BUD**
STREET ADDRESS **11812 CLASSIC LAKE WAY**
CITY-STATE-ZIP **TAMPA FL**

11 TITLE **P/D** ☒ Change ☐ Addition
12 NAME **Reichard, Bud**
13 STREET ADDRESS **11812 Classic Lake Way**
14 CITY-STATE-ZIP **Tampa, Fl 33635**

TITLE **PD** ☐ DELETE
NAME **ROSE, AMIL**
STREET ADDRESS **11811 COUNTRY COVE WAY**
CITY-STATE-ZIP **TAMPA FL**

21 TITLE **V/D** ☒ Change ☐ Addition
22 NAME **Rose, Amil**
23 STREET ADDRESS **11811 Country Cove Way**
24 CITY-STATE-ZIP **Tampa, Fl 33635**

TITLE **DT** ☒ DELETE
NAME **HALFAST, C. MICHAEL**
STREET ADDRESS **8504 RONDELET COURT**
CITY-STATE-ZIP **TAMPA FL**

31 TITLE **T/D** ☒ Change ☐ Addition
32 NAME **Di Resta, Carlo**
33 STREET ADDRESS **11809 Classic Lake Way**
34 CITY-STATE-ZIP **Tampa, Fl 33635**

TITLE **D** ☐ DELETE
NAME **KUNCKEN, HARRY**
STREET ADDRESS **11810 CLASSIC LAKE WAY**
CITY-STATE-ZIP **TAMPA FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE **DS** ☒ DELETE
NAME **BARDI, ROBERT**
STREET ADDRESS **11702 SPANISH LAKE DRIVE**
CITY-STATE-ZIP **TAMPA FL**

51 TITLE **S/D** ☒ Change ☐ Addition
52 NAME **Terry, Ken**
53 STREET ADDRESS **11805 Classic Lake Way**
54 CITY-STATE-ZIP **Tampa, Fl 33635**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Carlo Di Resta* **Carlo Di Resta**

2/5/96

855 8659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas-Dir

CR2E037 (12/95)