

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23816

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE CROSSINGS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7001 TEMPLE TERRACE HWY.
TEMPLE TERRACE, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

7001 TEMPLE TERRACE HWY.
TEMPLE TERRACE, FL 33637 US

New Mailing Address:

FEI Number: 59-2859411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUARTE, ANTONIO
6221 LAND O LAKES BLVD
LAKES, FL 34638 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: KITCHELL, STACY
Address: 11920 STEPPING STONE BLVD
City-St-Zip: TAMPA, FL 33635

Title: DP () Delete
Name: ROWLAND, MIKE
Address: 11914 STEPPINGSTONE BLVD
City-St-Zip: TAMPA, FL 33635

Title: DVP (X) Delete
Name: SHERIDAN, HARRY
Address: 12038 STEPPING STONE
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MIKE, ROWLAND
Address: 11914 STEPPING STONE BLVD
City-St-Zip: TAMPA, FL 33635

Title: DST (X) Change () Addition
Name: SHORT, PAUL A
Address: 12020 STEPPINGSTONE BLVD
City-St-Zip: TAMPA, FL 33635

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAPHINE WILSON

LCAM

04/14/2009

Electronic Signature of Signing Officer or Director

Date