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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41498

1. Corporation Name
THE GREENS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 7001 TEMPLE TERRACE HWY 824 E. FLETCHER AVE. TEMPLE TERRACE FL 33637 US	Mailing Address 7001 TEMPLE TERRACE HWY 824 E. FLETCHER AVE. TEMPLE TERRACE FL 33637 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/03/1991
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3092574
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent MEZER, STEVEN H P.A. 1212 COURT STREET SUITE B CLEARWATER FL 34616	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
85. Zip Code	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HAYER, JON 11403 GLENMONT DR TAMPA FL 33635	1.1 TITLE	D/P
NAME		1.2 NAME	Murphy, Michael
STREET ADDRESS		1.3 STREET ADDRESS	11405 Zewill Circle
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tempe FL 33635
TITLE	DT LAPENNA, GEORGE 11401 GLENMONT DR TAMPA FL 33635	2.1 TITLE	D/T
NAME		2.2 NAME	Gilmore, Lee
STREET ADDRESS		2.3 STREET ADDRESS	11301 Glenmont Dr
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tempe FL 33635
TITLE	DS SANFORD, DONNA 11519 GLENMONT DR TAMPA FL 33635	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: *Michael Murphy* **SIGNATURE REQUIRED** 3-15-99 813-980-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)