


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90021 019 \*\*\*\*61.25

<b>DOCUMENT # N41498</b>					
1. Entity Name <b>THE GREENS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.</b>					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3092574	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEZER, STEVEN H P.A. 220 SOUTH FRANKLIN STREET TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, MICHAEL		NAME	Mark Matherne	
STREET ADDRESS	11405 ZENITH CIR		STREET ADDRESS	11329 Glenmont Drive	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa, FL 33635	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PONDO, ROBERT		NAME	Sandra Shortridge	
STREET ADDRESS	11303 GLENMONT DRIVE		STREET ADDRESS	11420 Glenmont Drive	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa, FL 33635	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VORBEES, KIRSTEN		NAME	Ed millen	
STREET ADDRESS	11542 GLENMONT DR		STREET ADDRESS	11427 Glenmont Drive	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa, FL 33635	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHERNE, JEROLD		NAME	Linda James	
STREET ADDRESS	11329 GEOMONT DRIVE		STREET ADDRESS	8709 Tarrington Place	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa, FL 33635	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASNASCO, ANDRE		NAME	Estela Grosz	
STREET ADDRESS	11302 GLENMONT DR		STREET ADDRESS	11407 Glenmont Drive	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tampa, FL 33635	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or 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 or 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.					
<b>SIGNATURE:</b> <u>Jerold Matherne</u>		Date: <u>8/12/04</u>		Daytime Phone #: <u>813-925-0853</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					