

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90095 035 \*\*\*\*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 <i>7001 Temple Terrace Hwy</i>		3. Mailing Address <i>7001 Temple Terrace Hwy</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tampa FL</i>		City & State <i>Tampa FL</i>	
Zip <i>33637</i> Country <i>US</i>		Zip <i>33637</i> Country <i>US</i>	
4. FEI Number <b>59-3092574</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DUARTE, ANTONIO III 6221 LANDO LAKE BLVD LANDO LAKE, FL 34638</b>		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</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 NAME STREET ADDRESS CITY-ST-ZIP	DP PONDE, SHEILA 11303 GLENMONT DRIVE TAMPA, FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PONDO, SHEILA</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHORTRIDGE, SANDRA 11420 GLENMONT DR TAMPA, FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAGNASCO, JENNIFER 11302 GLENMONT DRIVE TAMPA, FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ECKSTEIN, EILEEN 11441 GLENMONT DR TAMPA, FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REESE, DAVID 8704 TAPRINGTON PL TAMPA, FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE: <i>X Shelia M Pondo</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Shelia Pondo</i>	
		Date <i>3/7/06</i> Daytime Phone # <i>813-980-1000</i>	