## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION



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

ANNUAL	REPOR
10	96

N93000001076 (9)

DOCUMENT #

THE POINTE OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.					3/797			
	ce of Business TCHER AVE. 33692	Mailing Address  824 E. FLETCHER AVE. TAMPA FL 33692 US		į	I TORRING DIE KURB KINT BORK OOK			
2 Principal I	Place of Purious			3.	Date Incorporated or Qualified 03/02/1993	3a. Date of L 05/0	ast Report 1/1995	
Principal Place of Business     1		2a. Mailing Address		4.	FEI Number 59-3180198		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Пот Арріісаріе			4
22		27		5. (	Certificate of Status Desired		75 Additional se Required	
City & Sta	ate	City & State		6. [	Election Campaign Financing	\$5	.00 May Be	-
Zip	Country	28 Z <sub>I</sub> p	Country		Trust Fund Contribution	Ad	ided to Fees	
24	25	29	Country 30		This corporation has liability for in Florida Statutes		r s. 199.032,	
	9. Name and Address of Current	Registered Agent	., ., ., ., ., ., ., ., ., ., ., ., ., .	10	Name and Address of New Ro	Yes No		$\dashv$
1519 N SUITE	RILLI, ESQU R I DALE MABRY STE 100 501 EL 33549		83	t Address (P.C	Steven H. 1 Box Number is Not Acceptable of St. Suite	Mezen.	BA	-  -  -
			84 City	Hearw	e.t.er	FL 85	Zip Code 34676	7
<ol> <li>11. Pursuant or registe</li> </ol>	to the provisions of Sections 617.0502 are agent, or both, in the State of Florida.	nd 617.1508, Florida Statutes	, the above-named o	corporation sub	omits this statement for the purp	cose of changing it	s registered office	,
familiar w SIGNATURE	to the provisions of Sections 617,0502 at pred agent, or both, in the State of Florida. with, and accept the obligations of, Section	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	100010 F	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		intment as register	ed agent. I am	
12.	Signature, typed or printed name of registered agent and OFFICERS AND I		Registered Agent signature	required when reins	tating)	DATE	<u> </u>	ء ا
TITLE	DP OF TIGERS AND E	DELETE	13.	A	DDITIONS/CHANGES TO OFFIC			]8
NAME	ALEXANDER, EDWARD L JR.	74	1.2 NAME			Changi	e 🔛 Addition	CR2E037 (12/95)
STREET ADDRESS	11617 BRANCH MOOR DR.		1.3 STREET ADDRESS					337
CITY-ST-ZIP	TAMPA FL		1 4 CITY - ST - ZIP					띯
TITLE	DST	DELETE	2 1 TITLE	P/D		Change	Addition	쁑
NAME STREET ADDRESS	BOOZER, ROBERT 11609 BRANCH MOORING DR		22 NAME			•		ł
CITY-ST-ZIP	TAMPA FL		2 3 STREET ADDRESS	1				
TITLE	D		2 4 CITY-ST-ZIP 3.1 TITLE	1/0				
NAME	LOWE, JEFFREY	<b>_</b>	3.2 NAME	1/2		<b>□</b> Change	Addition	
STREET ADDRESS	11627 BRANCH MOORING DR		3.3 STREET ADDRESS					ļ
TITLE			3.4 CITY-ST-ZIP					
NAME		DELETE	4 1 TITLE	5/0		☐ Change	Addition	1
STREET ADDRESS			4. 2 NAME		w, Phyllis		-	}
CITY-ST-ZIP			4.3 STREET ADDRESS	11625 B	12 100 00 De			
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	13000	FL 336.85	☐ Change	Addition	]
NAME			5 2 NAME		ዓበበበስ ተ マロ・		Addition	
STREET ADDRESS			5.3 STREET ADDRESS	·	900001781 -04/19/960101 ***61.25	8011		i •
CITY-ST-ZIP			5 4 CITY - ST - ZIP		***61.25	~ 011		l
TITLE NAME		DELETE	6 1 TITLE			☐ Change	☐ Addition	l
STREET ADDRESS			6.2 NAME					Į
CITY-ST-ZIP			6.3 STREET ADDRESS					

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FIGURE OR DIRECTOR

Daytone Priorie #