

FILE NOW: FILING FEE IS \$61.25

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**Mar 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001076 (9)
1. Corporation Name
THE POINTE OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 624 E. FLETCHER AVE. TAMPA FL 33692 US	Mailing Address 624 E. FLETCHER AVE. TAMPA FL 33692 US
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3. Date Incorporated or Qualified 03/02/1993	
4. FEI Number 59-3180198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7001 Temple Terrace Highway Suite, Apt. #, etc. 22	2a. Mailing Address 26 7001 Temple Terrace Highway Suite, Apt. #, etc. 27
City & State 23 Temple Terrace FL	City & State 28 Temple Terrace FL
Zip 24 33637	Country 25 Hillsborough
Zip 29 33637	Country 30 Hillsborough

9. Name and Address of Current Registered Agent
**STEVEN H. MEZER, P.A.
1212 COURT ST
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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRASHAW, PHYLLIS	
STREET ADDRESS	11625 BRANCH MOOR DR.	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOOZER, ROBERT	
STREET ADDRESS	11609 BRANCH MOORING DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOWE, JEFFREY	
STREET ADDRESS	11627 BRANCH MOORING DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Weaver, Lori R.	
1.3 STREET ADDRESS	11703 Branch mooring Dr	
1.4 CITY-ST-ZIP	Tempe FL 33635	
2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Forbes, Hendrick	
2.3 STREET ADDRESS	11637 Branch mooring Dr	
2.4 CITY-ST-ZIP	Tempe FL 33635	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 any attachment with an address.

SIGNATURE: _____ 813-980-1000

CR20037 (10/97)