

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001076

1. Entity Name

THE POINTE OF COUNTRYWAY HOMEOWNERS ASSOCIATION,

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90013 047 ****61.25

| | |
|----------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business | Mailing Address |
| 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 US | 7001 TEMPLE TERRACE HWY TEMPL TERRACE FL 33637-5734 US |



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number | Applied For |
| 59-3180198 | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

STEVEN H. MEZER, P.A.
 1212 COURT ST
 SUITE B
 CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL 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.

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

| | | | |
|-----------------------------|----------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|----------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--------------------------------------------|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JOHNSTON, LANCE D | |
| STREET ADDRESS | 11641 BRANCK MOORING DR. | |
| CITY-ST-ZIP | TAMPA FL 33635 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | FORBES, HENDRICK | |
| STREET ADDRESS | 11637 BRANCH MOORING DRIVE | |
| CITY-ST-ZIP | TAMPA FL 33635 | |
| TITLE | PD | <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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE | S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Diaz, Alberto | |
| STREET ADDRESS | 11726 Branch mooring Drive | |
| CITY-ST-ZIP | Tampa FL 33635 | |
| TITLE | T/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Miller, Matthew | |
| STREET ADDRESS | 11615 Branch mooring Drive | |
| CITY-ST-ZIP | Tampa FL 33635 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jeffrey Lowe Date: 3-2-00 Daytime Phone #: 813-980-2000

CR2E037 (9/99)