2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 06, 2006
Secretary of State

DOCUMENT# N95000004401

Entity Name: THE FOREST OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8104 POND SHADOW LANE
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

8104 POND SHADOW LANE
TAMPA, FL 33635

New Mailing Address:

FEI Number: 59-3348605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLYNN, BRIAN
8108 POND SHADOW LANE
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: SUNDSTROM, DIANA
Address: 8118 POND SHADOW LN
City-St-Zip: TAMPA, FL 33635

Title: DIR ( ) Delete
Name: DESANTOLO, PAM
Address: 8103 STONEFIELD WAY
City-St-Zip: TAMPA, FL 336354

Title: DIR ( ) Delete
Name: VANWYK, MARK
Address: 8104 POND SHADOW LANE
City-St-Zip: TAMPA, FL 33635

Title: DIR ( ) Delete
Name: OLASHAW, NANCY
Address: 8119 POND SHADOW LANE
City-St-Zip: TAMPA, FL 33635

Title: DIR ( ) Delete
Name: SMITH, NANCY J
Address: 8108 STONEFIELD WAY
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: SUNDSTROM, DIANA
Address: 8108 POND SHADOW LN
City-St-Zip: TAMPA, FL 33635

Title: DIR (X) Change ( ) Addition
Name: FLYNN, KATHY
Address: 8103 STONEFIELD WAY
City-St-Zip: TAMPA, FL 336354

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY SMITH DIR 05/06/2006

Electronic Signature of Signing Officer or Director Date