

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90004 006 ****61.25

DOCUMENT # N95000004401

1. Entity Name

THE FOREST OF COUNTRYWAY HOMEOWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

8117 POND SHADOW LANE
 TAMPA FL 33635

8117 POND SHADOW LANE
 TAMPA FL 33635-6333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3348605

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, ROXANNE
8117 POND SHADOW LANE
TAMPA FL 33635

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

Roxanne Moore **Roxanne Moore PSD**

4-20-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PD NAME: STRYJEWSKI, TOM STREET ADDRESS: 8116 POND SHADOW LANE CITY-ST-ZIP: TAMPA FL 33635 <input checked="" type="checkbox"/> Delete	TITLE: PSD NAME: moore Roxanne STREET ADDRESS: 8117 POND SHADOW LANE CITY-ST-ZIP: TAMPA FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: MOORE, ROXANNE STREET ADDRESS: 8117 POND SHADOW LANE CITY-ST-ZIP: TAMPA FL 33635 <input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: STRYJEWSKI, TOM STREET ADDRESS: 8116 POND SHADOW LANE CITY-ST-ZIP: TAMPA FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: SUNDSTROM, DIANA STREET ADDRESS: 8118 POND SHADOW LANE CITY-ST-ZIP: TAMPA FL 33635 <input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Vanwyk, MARK STREET ADDRESS: 8104 POND SHADOW LANE CITY-ST-ZIP: TAMPA FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Roxanne Moore **Roxanne Moore PSD**

4-20-00 813-854-1232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)