

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41498

**Entity Name:** THE GREENS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 26, 2019**  
**Secretary of State**  
**0047581592CC**

**Current Principal Place of Business:**

3018 N. U.S. HIGHWAY 301  
SUITE 950  
TAMPA, FL 33619

**Current Mailing Address:**

3018 N. U.S. HIGHWAY 301  
SUITE 950  
TAMPA, FL 33619 US

**FEI Number: 59-3092574**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DUARTE, ANTONIO III  
6221 LAND O' LAKES BLVD.  
LAND O' LAKES, FL 34638 US

*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: ANTONIO DUARTE**

**03/26/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STANLEY, SUSAN  
Address        11318 GLENMONT DRIVE  
City-State-Zip: TAMPA FL 33635

Title            TREASURER  
Name            SHERLOCK , PINA  
Address        11307 GLENMONT DRIVE  
City-State-Zip: TAMPA FL 33635

Title            VP  
Name            PACIFICO, KAREN  
Address        11308 GLENMONT DRIVE  
City-State-Zip: TAMPA FL 33635

Title            SECRETARY  
Name            SCOTT, ANNE-MARIE  
Address        11315 GLENMONT DRIVE  
City-State-Zip: TAMPA FL 33635

Title            DIRECTOR  
Name            ANDRUSS, ELENA  
Address        11312 GLENMONT DRIVE  
City-State-Zip: TAMPA FL 33635

*I hereby 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 all other like empowered.*

**SIGNATURE: SUSAN STANLEY**

**PRESIDENT**

**03/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date