

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001076

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

**FILED**  
**Mar 23, 2017**  
**Secretary of State**  
**CC1886779726**

**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: 59-3180198**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FORBES, HENDRICK  
Address 11637 BRANCH MOORING DRIVE  
City-State-Zip: TAMPA FL 33635

Title PRESIDENT  
Name BROOKS, MATT  
Address 11614 BRANCH MOORING DRIVE  
City-State-Zip: TAMPA FL 33635

Title VP  
Name KELLEY, SEAN  
Address 11711 BRANCH MOORING DRIVE  
City-State-Zip: TAMPA FL 33635

Title SECRETARY  
Name BUTLER, DENNIS  
Address 11624 BRANCH MOORING DRIVE  
City-State-Zip: TAMPA FL 33635

Title TREASURER  
Name ABRAHAM, JOHN  
Address 11724 BRANCH MOORING 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: MATT BROOKS**

**PRESIDENT**

**03/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date