

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06232

FILED
Mar 08, 2009
Secretary of State

Entity Name: TOWNHOMES OF COUNTRY WOOD HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

16105 NORTH FLORIDA
SUITE A
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

16105 NORTH FLORIDA
SUITE A
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-2466869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN
220 S FRANKLIN ST
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MEZER, STEVEN
1801 N. HIGHLAND
TAMPA, FL 33602 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:

03/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SHUPE, MICHAEL
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: VTD () Delete
Name: GARRISON, WILLIAM
Address: 16105N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: PD () Delete
Name: SPINELLA, LENNY
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: LEWIS, ROBERT
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: VD () Delete
Name: SEIBERT, JEFF
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change () Addition
Name: GARRISON, WILLIAM
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

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 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: LENNY SPINELLA

PRES

03/08/2009

Electronic Signature of Signing Officer or Director

Date