

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13257

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7001 TEMPLE TERRACE HIGHWAY  
TEMPLE TERRACE, FL 33637 US

**New Principal Place of Business:**

**Current Mailing Address:**

7001 TEMPLE TERRACE HIGHWAY  
TEMPLE TERRACE, FL 33637 US

**New Mailing Address:**

FEI Number: 59-2628974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WESTERMAN, MARIELLE E  
215 VERNE STREET  
SUITE A  
TAMPA, FL 33606 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: DP ( ) Delete  
Name: DOHERTY, JOANN  
Address: 11631 FOX CREEK DRIVE  
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Delete  
Name: FERNANDEZ, DARLENE  
Address: 11307 CLAYRIDGE DRIVE  
City-St-Zip: TAMPA, FL 33635

Title: DS ( ) Delete  
Name: JACOBS, CYNTHIA  
Address: 8610 THIMBLEBERRY LANE  
City-St-Zip: TAMPA, FL 33635

Title: DVP ( ) Delete  
Name: SHORTRIDGE, SANDRA  
Address: 11420 GLENMONT DR  
City-St-Zip: TAMPA, FL 33635

Title: DT (X) Delete  
Name: PIMENTA, TONY  
Address: 11205 BLOOMINGTON DRIVE  
City-St-Zip: TAMPA, FL 33635

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: WHARTON, FAYE  
Address: 11207 POCKET BROOK DRIVE  
City-St-Zip: TAMPA, FL 33635

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

Title: DT (X) Change ( ) Addition  
Name: PIMENTA, TONY  
Address: 11205 BLOOMINGTON DRIVE  
City-St-Zip: TAMPA, FL 33635

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: DAPHINE WILSON

LCAM

04/14/2009

Electronic Signature of Signing Officer or Director

Date