


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90014 022 ****61.25

DOCUMENT # N14702 1. Entity Name THE GLENS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 7001 TEMPLE TERR HWY TEMPLE TERRACE, FL 33637 US	Mailing Address 7001 TEMPLE TERR HWY TEMPLE TERRACE, FL 33637 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40019405 RECEIVED JAN 14 2008



01072008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent DUARTE, ANTONIO III 6221 LAND O LAKES BLVD LAND O LAKES, FL 34639	
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7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	TOWNS, TOMMY
STREET ADDRESS	11616 SUNSHINE POND ROAD
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	<input type="checkbox"/> Delete
NAME	KEY, SARA
STREET ADDRESS	11635 SUNSHINE POND RD.
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	<input type="checkbox"/> Delete
NAME	KELLY, JAY
STREET ADDRESS	11619 SUNSHINE POND RD
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Thomas E. Towns **1/10/08** **727-455-4318**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Thomas Towns