


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90285 050 ****61.25

DOCUMENT # N14703
 1. Entity Name
MEADOWS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
UNIVERSITY PROPERTIES INC **UNIVERSITY PROPERTIES INC**
7001 TEMPLE TERRACE HWY **7001 TEMPLE TERRACE HWY**
TEMPLE TERRACE, FL 33637 US **TEMPLE TERRACE, FL 33637 US**

60025501



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02082006 Chg-NP CR2E037 (11/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number
59-2671038 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DUARK, ANTONIO !!!
6221 LAND O'LAKES BLVD.
LAND O LAKES, FL 34639

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GIENI, CAROLINE	
STREET ADDRESS	12009 PEONY COURT	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BROWN, RUBY	
STREET ADDRESS	12004 PEONY COURT	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	CARREA, KATHERINE	
STREET ADDRESS	12013 PEONY COURT	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	Jacobs, Cynthia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		8610 Thimbleberry Ln	
STREET ADDRESS		Tampa FL 33635	
CITY-ST-ZIP			
TITLE	DP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	DST	Ridey, Maureen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		8612 Thimbleberry Ln	
STREET ADDRESS		Tampa FL 33635	
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: Ruby L. Brown - Ruby L. Brown 3-10-06 813-818-7122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #