## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 03, 2006 8:00 am Secretary of State

DOCUMENT # N19198  1. Entity Name THE LAKES OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.				04	-03-2006 9040	9 043 ****61.	.25	
Principal Place of Business 11811 COUNTRY COVE WAY TAMPA, FL 33635 US		Mailing Address 701 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637	7 US	1 10051101 001 11010		50008 <b>5</b> 3		
Principal Place of Business     Suite, Apt. #, etc.		3. Mailing Address 1001 Temple Terrace Hay Suite, Apt. #, etc.						
			·	02082006 Ct	ng-NP CF	R2E037 (11/05)		
City & State	e 	Temple Terrale	FL	4. FEI Number 59-296689	8		oplied For ot Applicable	
Zip	Country	210 33637°	ÜSA	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Regist	tered Agent		
DUARTE, III, ANTONIO P.A. 6221 LAND O LAKES BLVD. LAND O LAKES, FL 34639				Name Street Address (P.O. Box Number is Not Acceptable)				
LANDOD	ARLS, FL 34033							
			City			FL Zip Cod	le	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its registe	ered office or regis	stered agent, or both, in	the State of Florida.	I am familiar with,	and accept	
CICHATIDE								
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. {NOTE: Registe	ered Agent signature requ	uired when reinstating)		DATE		
SIGNATURE .		end title if applicable. (NOTE: Registe  9. Election Campaign Trust Fund Contrib	Financing	\$5.00 May Be Added to Fees	Make	check payable to Department of St		
10.	Signature, typed or printed name of registered agent Filling Fee is \$61.25	Election Campaign     Trust Fund Contrib	n Financing oution.	\$5.00 May Be	Make Florida I	check payable t Department of S	tate	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Trust Fund Contrib RECTORS 11 Delete 11 N S1	n Financing oution.	\$5.00 May Be Added to Fees	Make Florida I	check payable t Department of S	tate	
10. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIF VD QUENTMEYER, ROY 11718 SPANISH LAKE DR.	9. Election Campaign Trust Fund Contrib  RECTORS 11  Delete TI  No  Delete TI  No  St  No  St	n Financing ution.   1.  TILE TD AME  IRREIT ADDRESS	\$5.00 May Be Added to Fees	Make Florida I	check payable t Department of S	tate I 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIF VD QUENTMEYER, ROY 11718 SPANISH LAKE DR. TAMPA, FL PD ROSE, AMIL 11811 COUNTRY COVE WAY	9. Election Campaign Trust Fund Contrib  RECTORS  Delete  TI  No  Ct  Delete  TI  No  St  Ct  Delete  TI  No  St  Ct  St  Ct  St  Ct  St  Ct  St  Ct  St  S	In Financing ution.   1. ITLE TD AME INTEGRATE ADDRESS INTY-ST-ZIP INTEGRATE ADDRESS INTY-ST-ZIP INTEGRATE ADDRESS INTY-ST-ZIP INTEGRATE ADDRESS INTY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANGI	Make Florida I ES TO OFFICERS A	check payable to Department of SIND DIRECTORS IN Change	tate 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIF VD QUENTMEYER, ROY 11718 SPANISH LAKE DR. TAMPA, FL PD ROSE, AMIL 11811 COUNTRY COVE WAY TAMPA, FL D ROBERTS, DARRYL 8501 RONDELET COURT	9. Election Campaign Trust Fund Contrib RECTORS 11 Delete III N/ SI Ct Delete III N/ SI Ct Delete III N/ SI Ct N/ SI SI Ct N/ SI SI Ct N/ SI	TILE TD  AME TREET ADDRESS ITY-ST-ZIP  TILE D  AME TREET ADDRESS ITY-ST-ZIP  TILE D  AME TREET ADDRESS TREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGI anchez, Mig 11726 Span 12mpz FL	Make Florida I ES TO OFFICERS A	Check payable to Department of S	N 10 Addition  ☐ Addition	
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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 office like empowered.

SIGNATURE: MISLING OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR