

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19198

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** THE LAKES OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11811 COUNTRY COVE WAY  
TAMPA, FL 33635 US

**New Principal Place of Business:**

7001 TEMPLE TERRACE HWY  
TAMPA, FL 33637 US

**Current Mailing Address:**

7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE, FL 33637 US

**New Mailing Address:**

**FEI Number:** 59-2966898      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DUARTE, III, ANTONIO P.A.  
6221 LAND O LAKES BLVD.  
LAND O LAKES, FL 34639 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: DT ( ) Delete  
Name: STURGIS, VALERIE  
Address: 11731 SPANISH LAKE DR  
City-St-Zip: TAMPA, FL 33635

Title: PD ( ) Delete  
Name: SANCHEZ, MIGUEL  
Address: 11726 SPANISH LAKE DR  
City-St-Zip: TAMPA, FL 33635

Title: VP ( ) Delete  
Name: O'CONNELL, MARY BETH  
Address: 11726 SPANISH LAKE DRIVE  
City-St-Zip: TAMPA, FL 33635

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: DST (X) Change ( ) Addition  
Name: STURGIS, VALERIE  
Address: 11731 SPANISH LAKE DR  
City-St-Zip: TAMPA, FL 33635

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

Title: VP (X) Change ( ) Addition  
Name: MURIHEAD, RAYMOND  
Address: 11726 SPANISH LAKE DRIVE  
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Change (X) Addition  
Name: GIORDANO, SAL  
Address: 11801 SPANISH LAKE DRIVE  
City-St-Zip: TAMPA, FL 33635

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

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date