

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90075 001 \*\*\*\*61.25

**DOCUMENT # N27963**

1. Entity Name

**THE FAIRWAYS OF COUNTRYWAY HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**11315 MARLEE CT  
TAMPA FL 33635  
US**

Mailing Address

**11315 MARLEE CT  
TAMPA FL 33635  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-2918946**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

#10

**BURGESS, JOANNE M  
11315 MARLEE CT  
TAMPA FL 33635**

*Correct, except  
many typos  
noted in*

7. Name and Address of New Registered Agent

Address (P.O. Box Number is Not Acceptable)

**FL**

Zip Code

8. The above named entity submits this statement  
the obligations of registered agent.

or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

Signature, typed or printed name of register

#11

(Signature required when reinstating)

DATE

**FILE NOW: 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	P	<input type="checkbox"/> Delete
NAME	<b>POWELL, DOREEN</b>	
STREET ADDRESS	<b>11219 POCKETBROOK</b>	
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>METZLL, HEIDI</b>	
STREET ADDRESS	<b>11311 MAYLEE COURT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	
TITLE	<b>DST-2</b>	<input type="checkbox"/> Delete
NAME	<b>BURGESS, JOANNE</b>	
STREET ADDRESS	<b>11315 MARLEE CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>YACOBELLIS, BARBARA</b>	
STREET ADDRESS	<b>11311 MAYLEE CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>11202 Pocketbrook Drive</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nietzel</b>	
STREET ADDRESS	<b>11301 Marlee Court</b>	
CITY-ST-ZIP		
TITLE	<b>Treasurer (T)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>11311 Marlee Court</b>	
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 Section 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: *[Signature]*

1-24-06

813-276-3762