


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90013 003 \*\*\*\*61.25

<b>DOCUMENT # N27963</b>			
1. Entity Name <b>THE FAIRWAYS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>11315 MARLEE CT TAMPA FL 33635 US</b>		Mailing Address <b>11315 MARLEE CT TAMPA FL 33635 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>BURGESS, JOANNE M 11315 MARLEE CT TAMPA FL 33635</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

1st MOORE CR2E037 (10/06)

4. FEI Number **59-2918946** Applied For  
Not Applicable

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

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 date of certificate

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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>11202 POCKETBROOK DR</b>	
CITY ST ZIP	<b>TAMPA FL 33635</b>	
TITLE	<del>VP</del>	<input type="checkbox"/> Delete
NAME	<b>NIETZEL, HEIDI</b>	
STREET ADDRESS	<b>11301 MARLEE CT</b>	
CITY ST ZIP	<b>TAMPA FL 33635</b>	
TITLE	T	<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 checked="" type="checkbox"/> Delete
NAME	<b>YACOBELLIS, BARBARA</b>	
STREET ADDRESS	<b>11311 MARLEE 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	<b>SECRETARY</b>	<input checked="" 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	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FAYE WHARTON</b>	
STREET ADDRESS	<b>11207 Pocket Brook DR</b>	
CITY ST ZIP	<b>TAMPA FL 33635</b>	
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** *Joanne Burgess, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-19-07** **813-276-3762**  
Date Daytime Phone #