

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40697** (7)
1. Corporation Name
THE ESTATES OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 834 E FLETCHER AVE TAMPA FL 33612 US	Mailing Address 834 E FLETCHER AVE TAMPA FL 33612 US
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3. Date Incorporated or Qualified 11/07/1990
4. FEI Number 59-3056920
Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 7001 Temple Terrace Highway Suite, Apt. #, etc. 22 City & State 23 Temple Terrace FL Zip 24 33637 Country 25 Hillsborough	2a. Mailing Address 26 7001 Temple Terrace Highway Suite, Apt. #, etc. 27 City & State 28 Temple Terrace FL Zip 29 33637 Country 30 Hillsborough
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**MEZZER, STEVEN P
1212 COURT ST, STE B
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOSTERTZ, MARY	
STREET ADDRESS	11326 BLOOMINGTON DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOORE, EARL	
STREET ADDRESS	11315 BLOOMINGTON DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FLANIGAN, PATRICK	
STREET ADDRESS	11312 BLOOMINGTON DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURLINGAME, KENNETH	
STREET ADDRESS	11302 BLOOMINGTON DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bel, Cheryl	
5.3 STREET ADDRESS	11326 Bloomington Dr	
5.4 CITY-ST-ZIP	Tempe FL 33635	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Patrick E. Flanagan** **3/4/98** **813-980-1000**

CR2E037 (10/97)