

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90051 047 \*\*\*\*61.25

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DOCUMENT # N40697

1. Corporation Name

THE ESTATES OF COUNTRYWAY HOMEOWNERS ASSOCIATION  
, INC.

Principal Place of Business

7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE FL 33637  
US

Mailing Address

7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE FL 33637  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

11/07/1990

4. FEI Number

59-3056920

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MOSTERTZ, MARY  
STREET ADDRESS 11326 BLOOMINGTON DR  
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ DELETE

NAME MOORE, EARL  
STREET ADDRESS 11315 BLOOMINGTON DR  
CITY-ST-ZIP TAMPA FL

TITLE TD ☒ DELETE

NAME FLANIGAN, PATRICK  
STREET ADDRESS 11312 BLOOMINGTON DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE DT ☒ DELETE

NAME BURLINGAME, KENNETH  
STREET ADDRESS 11302 BLOOMINGTON DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE DVP ☐ DELETE

NAME BELL, CHERYL  
STREET ADDRESS 11328 BLOOMINGTON DRIVE  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☐ Change ☒ Addition

1.2 NAME COUSINS, Thomas S  
1.3 STREET ADDRESS 11228 Bloomington Dr  
1.4 CITY-ST-ZIP Tampa FL 33635

2.1 TITLE D/T ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D/A ☐ Change ☒ Addition

3.2 NAME Kennedy, Teresa  
3.3 STREET ADDRESS 11322 Bloomington Dr  
3.4 CITY-ST-ZIP Tampa FL 33635

4.1 TITLE D/S ☐ Change ☒ Addition

4.2 NAME Thomson, Michele  
4.3 STREET ADDRESS 11320 Bloomington Dr  
4.4 CITY-ST-ZIP Tampa FL 33635

5.1 TITLE A ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, upon an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)