


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90338 025 ****61.25

DOCUMENT # N40697

1. Entity 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

40072606



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02082006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-3056920

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEZER, STEVEN H ESQ
220 S. FRANKLIN STREET
TAMPA, FL 33601

Name **Tony Duarte**
 Street Address (P.O. Box Number is Not Acceptable)
6221 Land O' Lakes Blvd.
 City **Land O' Lakes** **FL** Zip Code **34639**

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  **Antonio Duarte** DATE **4/11/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** Delete
 NAME **SAVAGE, AUDREY**
 STREET ADDRESS **11228 BLOOMINGTON DR**
 CITY-ST-ZIP **TAMPA, FL 33635**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **COUSINS, THOMAS S**
 STREET ADDRESS **11228 BLOOMINGTON DR**
 CITY-ST-ZIP **TAMPA, FL 33635**

TITLE **OS** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **KILMARTIN, THOMAS**
 STREET ADDRESS **11319 BLOOMINGTON DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33635**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **MORROW, ROD**
 STREET ADDRESS **11223 BLOOMINGTON DR**
 CITY-ST-ZIP **TAMPA, FL 33635**

TITLE **OT** Change Addition
 NAME **O'farrill, Frank**
 STREET ADDRESS **11330 Bloomington Drive**
 CITY-ST-ZIP **Tampa, Fl. 33635**

TITLE **D** Delete
 NAME **MOSTERTZ, MARY**
 STREET ADDRESS **11326 BLOOMINGTON DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33635**

TITLE **O** Change Addition
 NAME **Kennedy, Jeri**
 STREET ADDRESS **11322 Bloomington Drive**
 CITY-ST-ZIP **Tampa, Fl. 33635**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 Chapter 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:  **THOMAS J KILMARTIN** Date **03/16/06** Daytime Phone # **813-818-8346**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR