2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N40697

Entity Name: THE ESTATES OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 US

New Mailing Address:

FEI Number: 59-3056920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTERMAN, MARIELLE
215 VERNE ST
SUITE A
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PIMENTA, CHARLENE
Address: 11205 BLEOMINGTON DR
City-St-Zip: TAMPA, FL 33635

Title: DT ( ) Delete
Name: CRESPO, JOAN
Address: 11233 BLOOMINGTON DR
City-St-Zip: TAMPA, FL 33635

Title: DS ( ) Delete
Name: BAKER, DON
Address: 11316 BLOOMINTON DR
City-St-Zip: TAMPA, FL 33635

Title: DVP ( ) Delete
Name: IZZO, BARBARA
Address: 11332 BLOOMINGTON DR
City-St-Zip: TAMPA, FL 33635

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: PIMENTA, CHARLENE
Address: 11205 BLOOMINGTON DR
City-St-Zip: TAMPA, FL 33635

Title: DT (X) Change ( ) Addition
Name: CRESPO, JUAN
Address: 11233 BLOOMINGTON DR
City-St-Zip: TAMPA, FL 33635

Title: DS (X) Change ( ) Addition
Name: WATSON, IAN
Address: 11316 BLOOMINTON DR
City-St-Zip: TAMPA, FL 33635

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: DIXON, KRISTY
Address: 11312 BLOOMINGTON DR
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAPHINE WILSON LCAM 04/09/2009
Electronic Signature of Signing Officer or Director Date