

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90556 018 ****61.25

DOCUMENT # N94000002042 1. Entity Name SOUTHVIEW OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637			Mailing Address 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637		
2. Principal Place of Business		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 DUARTE, ANTONIO 6221 LAND O' LAKES BLVD LAND O' LAKES, FL 34638			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	DP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CAMPBELL, SCOTT		NAME		
STREET ADDRESS	8805 RUSTIC TRAIL		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33635		CITY - ST - ZIP		
TITLE	DT ☐ Delete		TITLE	bst ☒ Change ☐ Addition	
NAME	URENA, CLARA		NAME		
STREET ADDRESS	11420 GEORGETOWN CR		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33635		CITY - ST - ZIP		
TITLE	DVP ☒ Delete		TITLE	ELPidio "Joey" Loleng ☐ Change ☒ Addition	
NAME	FASANO, VINCENT		NAME		
STREET ADDRESS	11327 GEORGETOWN CIRCLE		STREET ADDRESS	8802 Rustic Trail Court	
CITY - ST - ZIP	TAMPA, FL 33635		CITY - ST - ZIP	Tampa, FL 33635	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 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: <i>Scott R. Campbell</i> Scott Campbell 1/30/05 -- 727-299-4324 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					