2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9400002042 1. Entity Name SOUTHVIEW OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.							05-01-2006			.25
Principal Place of Business 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 Mailing Address 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637						-	· · · · · · · · · · · · · · · · · · ·			
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2. Principal Place of Business		3. Mailing Address				1 (30)(0) 610	5 1831) BLUII BAILI BEUI			1)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02082006	Chg-NP	CR2E	037 (11/05)	
City & State		City & State				4. FEI Numbe 59-324		<u>=</u> .		oplied For ot Applicable
Zip	Country	Zip		Country		5. Certificate	of Status Desired	; <u></u>	\$8.75 Add	ditional
-	6. Name and Address of Curren	t Registered A	lgent			7. Name and	Address of Nev	v Registered	l Agent	
DUARTE.	ANTONIO			Na	ame					
DUARTE, ANTONIO 6221 LAND O' LAKES BLVD LAND O' LAKES, FL 34638				Str	Street Address (P.O. Box Number is Not Acceptable)					
			Cit				F	_		
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose	of changing its re	egistered off	fice or regist	ered agent, or bot	th, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE										
0.0	Signature, typed or printed name of registered age	nt and title if applicat	ie. (NOTE: I	Registered Agent	t signature requir	ed when reinstating)		DATE		
0.0.11.10,12	Signature, typed or printed name of registered age	nt and title if applicat	9. Election Camp	paign Financ	cing _	\$5.00 May B	e	Make che	ck payable t	
	Signature, typed or printed name of registered age Filling Fee Is \$61.25 Due by May 1, 2006			paign Financ ontribution.		\$5.00 May B Added to Fees	F1	Make che lorida Depa	artment of S	tate
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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:

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Parie Cibson 4/14

813-980-10