2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90014 023 ****61.25

DOCUMENT # N94000002042

1. Entity Name
SOUTHVIEW OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

400139401

Principal Place of Business	Mailing Address
7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637	7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3248507 — Applied For / Not Applicable

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
DUARTE, ANTONIO 6221 LAND O' LAKES BLVD LAND O' LAKES, FL 34638	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, 2008

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	DV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ESSEFF, PETER	NAME	
STREET ADDRESS	11415 GEORGETOWN CR.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33635	CITY-ST-ZIP	
TITLE	DST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOGOVIC, MICHAEL	NAME	
STREET ADDRESS	11307 GEORGETOWN CR.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33635	CITY-ST-ZIP	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GIBSON, LISA	NAME	
STREET ADDRESS	11303 GEORGETOWN CIR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33635	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	
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 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: Lisamarie Gibson LISAMARIE GIBSON 1/9/08 813 854-2510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #