

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90058 030 ****61.25

DOCUMENT # N95000004401

1. Entity Name

THE FOREST OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**8117 POND SHADOW LANE
TAMPA FL 33635**

**8117 POND SHADOW LANE
TAMPA FL 33635**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3348605

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, ROXANNE
8117 POND SHADOW LANE
TAMPA FL 33635**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust/Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSD** ☒ Delete
NAME **MOORE, ROXANNE**
STREET ADDRESS **8117 POND SHADOW LANE**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **STRYJEWSKI, TOM**
STREET ADDRESS **8116 POND SHADOW LANE**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **VANWYK, MARK**
STREET ADDRESS **8104 POND SHADOW LANE**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **moore Roxanne**
STREET ADDRESS **8117 Pond Shadow Ln**
CITY-ST-ZIP **Tampa FL 33635**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **Desantolo, Ram**
STREET ADDRESS **8103 Grandfield Way**
CITY-ST-ZIP **Tampa FL 33635**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **stryjewski, Tom**
STREET ADDRESS **8116 Pond Shadow Lane**
CITY-ST-ZIP **Tampa FL 33635**

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 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:

SIGNATURE REQUIRED

Signature: Roxanne Moore PD 1/23/02 813-854 1232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)