

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004401

FILED  
Sep 04, 2010  
Secretary of State

**Entity Name:** THE FOREST OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8104 POND SHADOW LANE  
TAMPA, FL 33635

**New Principal Place of Business:**

**Current Mailing Address:**

8104 POND SHADOW LANE  
TAMPA, FL 33635

**New Mailing Address:**

**FEI Number:** 59-3348605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLYNN, BRIAN  
8108 POND SHADOW LANE  
TAMPA, FL 33635 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: DIR  
Name: BITCHAKAS, SHARON  
Address: 8114 POND SHADOW LN  
City-St-Zip: TAMPA, FL 33635

Title: DIR  
Name: SUNDSTROM, DIANA  
Address: 8118 POND SHADOW LN  
City-St-Zip: TAMPA, FL 33635

Title: DIR  
Name: VANWYK, MARK  
Address: 8104 POND SHADOW LANE  
City-St-Zip: TAMPA, FL 33635

Title: DIR  
Name: OLASHAW, NANCY  
Address: 8119 POND SHADOW LANE  
City-St-Zip: TAMPA, FL 33635

Title: DIR  
Name: POINTER, MICHELE  
Address: 8101 STONEFIELD  
City-St-Zip: TAMPA, FL 33635

I hereby 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 all other like empowered.

SIGNATURE: SHARON BITCHAKAS

DIR

09/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date