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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

723443

(8)

CARRO	llwood village homed	OWNERS ASSOCIATION	N, INC.								
Principal Piace	of Business	Mailing Address			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	─	100) II		11 018 11 8 18	A OTELL DAGI	F 0 1041 01011 1001
4131 GUNN HWY. 4131 GUNN HWY. TAMPA FL 33624 TAMPA FL 33624-4725											
		_				3. Date	ncorporated or Q 05/18/1972	ualified	3a. Da	ate of Las 03/12/1	t Report 996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI	Number 59-1453009		-	├	Applied For	
21	11 ata	Suite, Apt. #, etc.				38-1433009				Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Cert	lificate of Status De	sired			5 Additional Required	
City & State)	City & State			6. Fled	tion Campaign Fina	ıncing			00 May Be	
23		28				1	t Fund Contribution	-			ed to Fees
Zip	Country	Zip		untry		8. This	corporation has lia			tax unde	r s. 199.032,
24	25	29	30	т			ida Statutes			_] No	
	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Nan	ne and Address of	New Heg	listered	Agent	
OBECHIA	ODE DOODEDTIES INO				iname						
GHEENAI 4131 GU	CRE PROPERTIES, INC.			B2	Street A	ddress (P.O. E	Box Number is Not /	Acceptabl	θ)		
TAMPA F				83		,#	, , , , , , , , , , , , , , , , , , ,				
IAMIAT	L 000E4				60					12-1 -	- O- 4
				84	City				FL	65 Z	ip Code
11. Pursuant t	to the provisions of Sections 617.05 egistored agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Statu	tes, the a	bove	e-named c	corporation sul	omits this statement	for the p	urpose o	changin	g its registered
agent Lai	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 617.0503, F	orida Sta	itutes	тне согрс i	Diation's Doart	of directors, There	by accep	тив арр	OFFICE	as registered
SIGNATURE _											
	Signature, typied or printed name of registered ag			d Age	nt signature re	equired when reinst		O OFFIC	DATE	DIDECT	000 0140
12. 11TLE	DS OFFICERS AN	ID DIRECTORS DELETE	13.	uti E		AUUI	TIONS/CHANGES 1	O OFFIC	EHS ANL	Chang	
NAME	Pare, John			IAME						CT Original	le 🗖 Mannan
STREET ADDRESS	4008 PRIORY CIRCLE		1.3 STREET ADDRESS							l	
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP								
TITLE	D	DELETE		2.1 TITLE						Chang	e Addition
NAME	MYERS, STEVE			22 NAME							
STREET ADDRESS	13305 MEADOWWOOD CT		2 3 STREE		ADDRESS						
CITY-\$1-ZIP	TAMPA FL 33624		2. 4 CI								
TITLE	VD	DELETE	3.1 7						- * 	Chang	ge Addition
NAME	APGAR, CHUCK 3.		3.2 N	AME							
STREET ADDRESS	THE STREET WATER ONLY OFFICE		3.3 S	3.3 STREET ADDRESS							
CHY-ST-ZIP	TAMPA FL 33624		3.4.	CIT <u>Y-S</u>	ST-ZIP						
TITLE	DT DELETE 4:		4.1 T	4.1 TITLE						Chang	e Addition
NAME	ADLER, STEVEN		4. 2 1	NAME	Į						
STREET ADDRESS			4.3 \$	4.3 STREET ADDRESS							
CITY-ST-ZIP			HTY-S	T-ZIP					744		
THTLE	D	☐ DELETE	5.1 T	ITLE	- [Chang	ge Addition
NAME	PUROL, PAM			IAME							
STREET ADDRESS	13304 GOLF CREST CIR.				ADDRESS						
CITY-ST-ZIP	TAMPA FL 33624	I'l no ear	-	тү-ѕ	T-ZIP					T &:-	4.33%
TITLE	PDC	☐ DELETE		IILE	1					Chang	ge L Addition
NAME	WOLTMANN, RICHARD			IAME	ļ						
STREET ADDRESS	4129 NORTHMEADOW CIR.				ADDRESS						
CITY-ST-ZIP	TAMPA FL 33624		6.4 0	CITY - S	T-ZIP		440 47(0)(3) 51-33				

4. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

313-961-2203

FILED

Feb 05 1997 8:00am

Secretary of State