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Feb 15, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-15-1999 90007 001 \*\*\*\*\*61.25

DOCUMENT # 723443

1. Corporation Name

CARROLLWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4131 GUNN HWY.  
TAMPA FL 33624

Mailing Address

4131 GUNN HWY.  
TAMPA FL 33624



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/18/1972

4. FEI Number

59-1453009

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GREENACRE PROPERTIES, INC.  
4131 GUNN HWY.  
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS  DELETE

NAME PARE, JOHN  
STREET ADDRESS 4008 PRIORY CIRCLE  
CITY-ST-ZIP TAMPA FL 33624

TITLE D  DELETE

NAME MYERS, STEVE  
STREET ADDRESS 13305 MEADOWWOOD CT  
CITY-ST-ZIP TAMPA FL 33624

TITLE VD  DELETE

NAME APGAR, CHUCK  
STREET ADDRESS 4184 NORTHMEADOW CIRCLE  
CITY-ST-ZIP TAMPA FL 33624

TITLE DT  DELETE

NAME ADLER, STEVEN  
STREET ADDRESS 4212 FORESTER LANE  
CITY-ST-ZIP TAMPA FL

TITLE D  DELETE

NAME PUROL, PAM  
STREET ADDRESS 13304 GOLF CREST CIR.  
CITY-ST-ZIP TAMPA FL 33624

TITLE PDC  DELETE

NAME WOLTMANN, RICHARD  
STREET ADDRESS 4129 NORTHMEADOW CIR.  
CITY-ST-ZIP TAMPA FL 33624

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 813 961-2203x13  
Date Daytime Phone #

CR2E037 (1/98)