

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90044 010 ****61.25

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1. Entity Name

CARROLLWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4131 GUNN HWY.
TAMPA FL 33624

4131 GUNN HWY.
TAMPA FL 33624

811541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1453009

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

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
DS	PARE, JOHN		
4008 PRIORY CIRCLE	TAMPA FL 33624		
DV	MYERS, STEVE		
13305 MEADOWWOOD CT	TAMPA FL 33624		
VD	NEDERHOFF, DALE	D	
4003 CYPRESS LANE	TAMPA FL 33624		
DT	ADLER, STEVEN	D	PHELAN, FRANK
4212 FORESTER LANE	TAMPA FL		13815 CYPRESS VILLAGE CIR
D	PUROL, PAM	DT	TAMPA, FL 33624
13304 GOLF CREST CIR.	TAMPA FL 33624		
PDC	WOLTMANN, RICHARD		
4129 NORTHMEADOW CIR.	TAMPA FL 33624		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

Date

Daytime Phone #

CR2E037 (10/00)