

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90043 025 ****61.25

DOCUMENT # 723443

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1453009

Applied For

Not Applicable

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

**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

TITLE	DS	<input type="checkbox"/> Delete
NAME	PARE, JOHN	
STREET ADDRESS	4008 PRIORY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MYERS, STEVE	
STREET ADDRESS	13305 MEADOWWOOD CT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEDERHOFF, DALE	
STREET ADDRESS	4003 CYPRESS LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHELAN, FRANK	
STREET ADDRESS	13815 CYPRESS VILLAGE CR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PUROL, PAM	
STREET ADDRESS	13304 GOLF CREST CIR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	WOLTMANN, RICHARD	
STREET ADDRESS	4129 NORTHMEADOW CIR.	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, BEN JR	
STREET ADDRESS	14214 CYPRESS TERR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAO, DIANE	
STREET ADDRESS	4317 OAK HURST TERR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, ROBERT	
STREET ADDRESS	13339 GOLF CREST CIR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Pamela J. Puro* REQUIRED 1/16/02

Date: (813) 961-2203 x113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)