## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **FILED** Apr 14, 2004 8:00 am Secretary of State 04-14-2004 90050 002 \*\*\*\*61.25

DOCUMENT # 723443  1. Entity Name CARROLLWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.									
Principal Place of Business 4131 GUNN HWY. TAMPA, FL 33624			Mailing Address 4131 GUNN HWY. TAMPA, FL 33624					44028649	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03082004 Chg-NP CR2E037 (10/03)	
City & State			City & State					4. FEI Number Applied For 59-1453009 Not Applicable	
Zip	Zip Country		Zip C			untry	7.	5. Certificate of Status Desired S8.75 Additional	
	6. Name	and Address of Current I	Registere					7. Name and Address of New Registered Agent	
GREENACRE PROPERTIES, INC.					Nan" TAN			KEL, ROBERT L	
4131 GUNN HWY. TAMPA, FL 33624 ****							Z'Ess (	P.O. Pax Number is 15th Acceptable)  Duite D	
	City D			) UA	JEDIN FL 2009, 98				
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. I am familiar with, and accept the obligations of registered agent.									
Balanteta-Kol 4/9/04									
SIGNATURE  Signature. typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	I DO	OFFICERS AND DIF	RECTORS		11.	- 1	<u>ע</u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME PARE, JOHN			☐ Delete TITL			4		VIS, KATE WILLOW Dr Change MAddition	
STREET ADDRESS 4008 PRIORY CIRCLE						EET ADDRESS			
CITY-ST-ZIP	TAMPA, F	L 33624		□ Delete	TITL	′-ST-ZŀP	1747	M 04, PL 3361B ☐ Change 🕱 Addition	
NAME	MYERS, S	STEVE		- Delete	NAN		RA	- 5.0.10	
STREET ADDRESS CITY-ST-ZIP				STR			43/	O DIANA IT OAKHURST TEM. MPA, FL 3361B	
TITLE	D	2 00024	~	☐ Delete	TITL		D	☐ Change X Addition	
NAME	1	OFF, DALE		•	NAN		DYE	R, JON PRESS VILLAGE CIT	
STREET ADDRESS CITY+ST-ZIP	TAMPA, F	RESS LANE L 33624				eet address (-st-zip	掃	MPA, FL 33618	
TITLE	D			☐ Delete	TITL	1		Change ☐ Addition	
NAME STREET ADDRESS	PHELAN,	FRANK PRESS VILLAGE CR			NAN STR	ae Eet address			
CITY-ST-ZIP	TAMPA, F			. =		Y-ST-ZIP		336/8	
TITLE	DT			☐ Delete	TITL			X Change ☐ Addition	
NAME STREET ADDRESS	PUROL, F 13304 GC	OLF CREST CIR.			NAM Str	eet address		0.00	
CITY-ST-ZIP TAMPA, FL 33624				CITY-				33618	
TITLE NAME	PDC WOLTMA	NN, RICHARD		☐ Delete	TITE NAM			Change Addition	
STREET ADDRESS		RTHMEADOW CIR.			STR	EET ADDRESS		221.0	
CITY-ST-ZIP	TAMPA, F					Y-ST-ZIP	od in C	336B	
12. I hereby certify that the information supplied with this filling 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 truese 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.									