

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:10

DOCUMENT # 725078 (0)

1. Corporation Name

CARROLLWOOD VILLAGE FAIRWAY TOWNHOUSES CONDOMINI
UMS ASSOCIATION, INC

Principal Place of Business

Mailing Address

4131 GUNN HIGHWAY
TAMPA FL 33624

4131 GUNN HIGHWAY
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1972

3a. Date of Last Report

03/10/1994

4. FEI Number

59-1456773

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENACRE PROPERTIES, INC.
4131 GUNN HIGHWAY
TAMPA FL 33624

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
KRUEGER, PHILIP
4215 FAIRWAY RUN
TAMPA, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
KARD
KARD RING
4206 Fairway Circle
Spa 2P 33624
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
OLMSTEAD, LYNN
4220 FAIRWAY CIRCLE
TAMPA, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition
33624

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CORYELL, DON
4218 FAIRWAY RUN
TAMPA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
PRES
☒ Change ☐ Addition
33624

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FIRESTONE, FRED
4228 FAIRWAY RUN
TAMPA, FL 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
D
ANNA OSBORNE
4208 Fairway Circle
Spa 2P 33624
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
COPENHAVER, ELIZABETH
4203 FAIRWAY CIRCLE
TAMPA, FL 00000

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition
33624

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Don R Coryell
DON R CORYELL

1-27-95

963-7300