

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

**12/21/1972**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **ROSS BROWN**  
STREET ADDRESS **4215 FAIRWAY CIR.**  
CITY - ST - ZIP **TAMPA, FL 00000**

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **Kathy Achorn**  
1.3 STREET ADDRESS **4219 Fairway Cir**  
1.4 CITY - ST - ZIP **Tampa, 33624**

TITLE **SD** ☒ DELETE  
NAME **WHIDDEN, SHERYL**  
STREET ADDRESS **4221 FAIRWAY CIRCLE**  
CITY - ST - ZIP **TAMPA FL**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Kathy Cornacchia**  
2.3 STREET ADDRESS **4221 Fairway Circle**  
2.4 CITY - ST - ZIP **Tampa, FL**

TITLE **VD** ☐ DELETE  
NAME **CORYELL, DON**  
STREET ADDRESS **4218 FAIRWAY RUN**  
CITY - ST - ZIP **TAMPA FL**

3.1 TITLE **TD** ☒ Change ☐ Addition  
3.2 NAME **Don Coryell**  
3.3 STREET ADDRESS **4218 Fairway Run**  
3.4 CITY - ST - ZIP **Tampa, 33624**

TITLE **PD** ☒ DELETE  
NAME **BARDIN, JIM**  
STREET ADDRESS **4226 FAIRWAY CIRCLE**  
CITY - ST - ZIP **TAMPA FL**

4.1 TITLE **SD** ☐ Change ☒ Addition  
4.2 NAME **Sheila Shaw**  
4.3 STREET ADDRESS **4210 Fairway Cir**  
4.4 CITY - ST - ZIP **Tampa 33624**

TITLE **TD** ☐ DELETE  
NAME **BETH COPENHAVER**  
STREET ADDRESS **4203 FAIRWAY CIR.**  
CITY - ST - ZIP **TAMPA FL**

5.1 TITLE **VD** ☒ Change ☐ Addition  
5.2 NAME **Ross Brown**  
5.3 STREET ADDRESS **4215 Fairway Cir**  
5.4 CITY - ST - ZIP **Tampa, 33624**

TITLE **D** ☒ DELETE  
NAME **JUSTO, SHIRLEY**  
STREET ADDRESS **4223 FAIRWAY CIRCLE**  
CITY - ST - ZIP **TAMPA FL**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **Herb Schwartz**  
6.3 STREET ADDRESS **4207 Fairway Run**  
6.4 CITY - ST - ZIP **Tampa, FL**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: *Kathy Achorn*

*2/5/98*

CR2E037 (10/97)