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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725078

1. Corporation Name

**CARROLLWOOD VILLAGE FAIRWAY TOWNHOUSES CONDOMINI
UMS ASSOCIATION, INC**

Principal Place of Business

4131 GUNN HIGHWAY
TAMPA FL 33624

Mailing Address

4131 GUNN HIGHWAY
TAMPA FL 33624



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/21/1972

4. FEI Number

59-1456773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GREENACRE PROPERTIES, INC.
4131 GUNN HIGHWAY
TAMPA FL 33624

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **PD**
ACHORN, KATHY
STREET ADDRESS 4219 FAIRWAY CIR
CITY-ST-ZIP TAMPA, FL 00000 33624

TITLE ☐ DELETE

NAME **D**
CORNACCHIA, KATHY
STREET ADDRESS 4221 FAIRWAY CIR
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME **TD**
CORYELL, DON
STREET ADDRESS 4218 FAIRWAY RUN
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE

NAME **SD**
SHAW, SHEILA
STREET ADDRESS 4210 FAIRWAY CIR
CITY-ST-ZIP TAMPA FL 33624

TITLE ☒ DELETE

NAME **VD**
BROWN, ROSS
STREET ADDRESS 4215 FAIRWAY CIR
CITY-ST-ZIP TAMPA FL 33624

TITLE ☒ DELETE

NAME **D**
SCHWARTZ, HERB
STREET ADDRESS 4207 FAIRWAY RUN
CITY-ST-ZIP TAMPA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **DIR TREASURER**
James Bardin
1.3 STREET ADDRESS 4226 Fairway Circle
1.4 CITY-ST-ZIP Tampa, FL 33624

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **DIR**
Sam Blum
2.3 STREET ADDRESS 4220 Fairway Run
2.4 CITY-ST-ZIP Tampa, FL 33624

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **DIR**
JACK ROBERTS
3.3 STREET ADDRESS 4205 Fairway Run
3.4 CITY-ST-ZIP Tampa, FL 33624

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **DIR**
BETH COPENHAVER
4.3 STREET ADDRESS 4203 Fairway Circle
4.4 CITY-ST-ZIP Tampa, FL 33624

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **HERB SCHWARTZ**
VP
5.3 STREET ADDRESS 4207 Fairway Run
5.4 CITY-ST-ZIP Tampa, FL 33624

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)