

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725078

1. Entity Name

CARROLLWOOD VILLAGE FAIRWAY TOWNHOUSES CONDOMINI

Principal Place of Business

Mailing Address

4131 GUNN HIGHWAY
TAMPA FL 33624

4131 GUNN HIGHWAY
TAMPA FL 33624-4725

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

59-1456773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENACRE PROPERTIES, INC.
4131 GUNN HIGHWAY
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

TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	BARDIN, JAMES	
STREET ADDRESS	4226 FAIRWAY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUM, SAM	
STREET ADDRESS	4220 FAIRWAY RUN	
CITY-ST-ZIP	TAMPA FL 66324	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, JACK	
STREET ADDRESS	4208 FAIRWAY RUN	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COPENHAVER, BETH	
STREET ADDRESS	4203 FAIRWAY CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VP SWARTZMAN	<input type="checkbox"/> Delete
NAME	SWARTZMAN, HERB	
STREET ADDRESS	4207 FAIRWAY RUN	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	Sheila Shaw	
STREET ADDRESS	4210 Fairway Circle	
CITY-ST-ZIP	Tampa, FL 33624	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Kathy Cornaccia	
STREET ADDRESS	4221 Fairway Circle	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Kathy Ashorn	
STREET ADDRESS	4219 Fairway Circle	
CITY-ST-ZIP	Tampa FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2000 83-872-588

Date

Daytime Phone #