FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:19

DOCUMENT # 725079 (8)

1. Corporation Name

CARROLLWOOD VILLAGE CYPRESS CLUSTER HOUSES CONDO MINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4003 CYPRESS LANE TAMPA FL 33624 US	4003 CYPRESS LANE TAMPA FL 33624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1972
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1456772 ☐ 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
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

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)

2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

NEDERHOFF, DALE
4003 CYPRESS LANE
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	NEDERHOFF, DALE	1.2 NAME		
STREET ADDRESS	4003 CYPRESS LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	HOFFMAN, ELAINE	2.2 NAME	Gerri Stonelake	
STREET ADDRESS	14219 CYPRESS TERRACE	2.3 STREET ADDRESS	Cypress Circle	
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	14119 Tampa FL.	
TITLE	VPD	3.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, RUPERT	3.2 NAME		
STREET ADDRESS	4005 CYPRESS CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	BUCKLEY, S	4.2 NAME		
STREET ADDRESS	14102 CYPRESS RUN	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, E.	5.2 NAME		
STREET ADDRESS	4002 CYPRESS LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SEIBERT, M	6.2 NAME		
STREET ADDRESS	14211 CYPRESS TERR	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	6.4 CITY-ST-ZIP		

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 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.

SIGNATURE: Dale A. Nederhoff 1/27/95 813-229-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DALE A. NEDERHOFF

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