

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90011 032 ****61.25

DOCUMENT # 743549

1. Entity Name

CARROLLWOOD VILLAGE PHASE II HOMEOWNERS ASSOCIAT

Principal Place of Business

Mailing Address

4131 GUNN HWY
 TAMPA FL 33624-4725

4131 GUNN HWY
 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

59-1977418

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSKIEWICZ, DAN
4131 GUNN HWY
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | MILEY, JOHN | |
| STREET ADDRESS | 5043 PALOMA DR | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | FD | <input type="checkbox"/> Delete |
| NAME | MACKAY, CURTIS | |
| STREET ADDRESS | 14619 DARTMOOR PL | |
| CITY-ST-ZIP | TAMPA, FL 00000 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CORNELL, DOUG | |
| STREET ADDRESS | 14017 LAKE BLUFF CT | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | FRENCH, BONNIE | |
| STREET ADDRESS | 14001 MIDDLEPARK DR | |
| CITY-ST-ZIP | TAMPA, FL 00000 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SWEARINGEN, JAY | |
| STREET ADDRESS | 40000 PEPPERRELL DR | |
| CITY-ST-ZIP | TAMPA, FL 00000 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TINDELL, MARK | |
| STREET ADDRESS | 4302 SO PARK DR | |
| CITY-ST-ZIP | TAMPA, FL 00000 | |

| | | |
|----------------|----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALYERS, PHILIP | |
| STREET ADDRESS | 13916 PEPPERRELL DR | |
| CITY-ST-ZIP | TAMPA, FL 33624 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PCD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TP | |
| STREET ADDRESS | SAVIET, ELWIN | |
| CITY-ST-ZIP | 5032 PALOMA DR | |
| | TAMPA, FL 33624 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER 1/25/00

(813) 961-2203 x113

Date

Daytime Phone #

CR2E037 (9/99)