

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90038 009 \*\*\*\*61.25

**DOCUMENT # 743549**

1. Entity Name

**CARROLLWOOD VILLAGE PHASE II HOMEOWNERS ASSOCIATION, INC.**

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

4. FEI Number

**59-1977418**

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

**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

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TITLE: DV <input type="checkbox"/> Delete NAME: MILEY, JOHN STREET ADDRESS: 5043 PALOMA DR CITY-ST-ZIP: TAMPA FL	TITLE: <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: <b>TAMPA, FL 33624</b>
TITLE: SD <input type="checkbox"/> Delete NAME: SALYERS, PHILIP STREET ADDRESS: 3916 PEPPERRELL DR CITY-ST-ZIP: TAMPA FL 33624	TITLE: <b>VID</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: PD <input type="checkbox"/> Delete NAME: CORNELL, DOUG STREET ADDRESS: 14017 LAKE BLUFF CT CITY-ST-ZIP: TAMPA FL	TITLE: <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: <b>13014 N. DALE MABEY #270</b> CITY-ST-ZIP: <b>TAMPA, FL 33624</b>
TITLE: <input checked="" type="checkbox"/> Delete NAME: FRENCH, BONNIE STREET ADDRESS: 14001 MIDDLEPARK DR CITY-ST-ZIP: TAMPA FL	TITLE: <b>TJD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>JOSEPH HANSON</b> STREET ADDRESS: <b>14020 LAKE BLUFF CT</b> CITY-ST-ZIP: <b>TAMPA, FL 33624</b>
TITLE: TD <input type="checkbox"/> Delete NAME: SAVIET, ELWIN STREET ADDRESS: 5032 PALOMA DRIVE CITY-ST-ZIP: TAMPA FL 33624	TITLE: <b>CIPID</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> Delete NAME: TINDELL, MARK STREET ADDRESS: 4302 SO PARK DR CITY-ST-ZIP: TAMPA, FL 00000	TITLE: <b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>HOLLY MINOR</b> STREET ADDRESS: <b>14802 ST. IVES PL</b> CITY-ST-ZIP: <b>TAMPA, FL 33624</b>

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

02/29/02

Date

Daytime Phone #

CR2E037 (9/01)