


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90081 040 ****61.25

DOCUMENT # 743549

1. Entity Name
CARROLLWOOD VILLAGE PHASE II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4131 GUNN HWY
 TAMPA, FL 33624-4725**

Mailing Address
**4131 GUNN HWY
 TAMPA, FL 33624-4725**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

33618 Country 33618 Country



03282007 Chg-NP CR2E037 (12/06)

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
**TANKEL, ROBERT L
 1022 MAIN ST
 STE D
 DUNEDIN, FL 34698**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete MILEY, JOHN 5043 PALOMA DR TAMPA, FL 33624	TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McLaurin, Richard 4317 Middle Lake Dr Tampa, FL 33624
TITLE SD	<input type="checkbox"/> Delete HOLLY, MINOR 14802 ST IVES PL TAMPA, FL 33624	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition Crouse, James 13911 Wellesford Way Tampa, FL 33624
TITLE VD	<input type="checkbox"/> Delete CORNELL, DOUG 13014 N DALE MARBY #270 TAMPA, FL 33624	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chandler, Van 13504 Clubside Dr Tampa, FL 33624
TITLE TD	<input type="checkbox"/> Delete HANSON, JOSEPH 14020 LAKE BLUFF CT TAMPA, FL 33624	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tindell, Marc
TITLE D	<input type="checkbox"/> Delete SAVIET, ELWIN 5032 PALOMA DRIVE TAMPA, FL 33624		
TITLE D	<input type="checkbox"/> Delete TINDELL, MARK 4302 SO PARK DR TAMPA, FL		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **4-3-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #