

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750476 (4)
1. Corporation Name
THE TOWNHOMES OF CARROLLWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4131 GUNN HWY TAMPA FL 33624	Mailing Address 4131 GUNN HWY TAMPA FL 33624
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3. Date Incorporated or Qualified 01/07/1980	
4. FEI Number 59-2033341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 26
City & State 23	City & State 27
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent
**GREENACRE PROPERTIES, INC.
4131 GUNN HWY
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	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATTEUCCI, JUDY		1.2 NAME	
STREET ADDRESS 4233 HARTWOOD LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEILSON, BRUCE		2.2 NAME	
STREET ADDRESS 4204 GLENHAVEN		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33624		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWELL, TIM		3.2 NAME	
STREET ADDRESS 4223 HARTWOOD LN		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33624		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GESING, EUGENE		4.2 NAME	
STREET ADDRESS 4233 HARTWOOD LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33624		4.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARSON, KIT		5.2 NAME	
STREET ADDRESS 4213 HARTWOOD LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33624		5.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, MARTHA		6.2 NAME	
STREET ADDRESS 4202 GLENHAVEN		6.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33624		6.4 CITY-ST-ZIP	

14. 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 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: H. Carson (KIT) CARSON 1/27/98 (813) 961-2203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049666

CR2E037 (10/97)