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**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90089 045 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 750476**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/07/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2033341

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENACRE PROPERTIES, INC.**  
4131 GUNN HWY  
TAMPA FL 33624

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE  
NAME JACKSON, MARTHA  
STREET ADDRESS 4202 GLENHAVEN  
CITY-ST-ZIP TAMPA FL 33624

1.1 TITLE P D ☒ Change ☐ Addition  
1.2 NAME MARTHA JACKSON  
1.3 STREET ADDRESS 4202 GLEN HAVEN  
1.4 CITY-ST-ZIP TAMPA FL 33624

TITLE VD ☒ DELETE  
NAME NEILSON, BRUCE  
STREET ADDRESS 4204 GLENHAVEN  
CITY-ST-ZIP TAMPA FL 33624

2.1 TITLE VPD ☐ Change ☒ Addition  
2.2 NAME WALT THATCHER  
2.3 STREET ADDRESS 4226 GLEN HAVEN LN  
2.4 CITY-ST-ZIP TAMPA FL 33624

TITLE D ☒ DELETE  
NAME POWELL, TIM  
STREET ADDRESS 4223 HARTWOOD LN  
CITY-ST-ZIP TAMPA FL 33624

3.1 TITLE SD ☐ Change ☒ Addition  
3.2 NAME JUDY MATUCCI  
3.3 STREET ADDRESS 4233 HARTWOOD LANE  
3.4 CITY-ST-ZIP TAMPA FL 33624

TITLE TD ☒ DELETE  
NAME GESING, EUGENE  
STREET ADDRESS 4233 HARTWOOD LANE  
CITY-ST-ZIP TAMPA FL 33624

4.1 TITLE TD ☐ Change ☒ Addition  
4.2 NAME DAVID WEBER  
4.3 STREET ADDRESS 4224 GLEN HAVEN LANE  
4.4 CITY-ST-ZIP TAMPA FL 33624

TITLE PD ☒ DELETE  
NAME CARSON, KIT  
STREET ADDRESS 4213 HARTWOOD LANE  
CITY-ST-ZIP TAMPA FL

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME RAY GRAVES  
5.3 STREET ADDRESS 4230 HARTWOOD LANE  
5.4 CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

**SIGNATURE:** *Martina Jackson* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/19/99* *960-1374*  
Date Daytime Phone #

CR2E037 (11/98)