
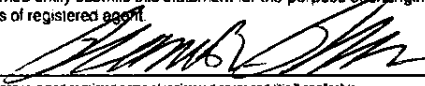


**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90024 050 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**66403993**

<b>DOCUMENT # 750476</b>					
<b>1. Entity Name</b> THE TOWNHOMES OF CARROLLWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4131 GUNN HWY TAMPA, FL 33624			<b>Mailing Address</b> 4131 GUNN HWY TAMPA, FL 33624		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01292004 Chg-NP CR2E037 (10/03)	
Zip		Country		<b>4. FEI Number</b> 59-2033341	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>					
FLOWERS, GAIL E 4131 GUNN HWY TAMPA, FL 33624			Francis E. Friscia s Meirose & Friscia, P.A. 500 North Westshore Blvd: Ste 635 Tampa, FL 33609		
			Zip Code		
<b>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.</b>					
SIGNATURE 				DATE <b>2/23/04</b>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when re-registering)	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THATCHER, WALT 4226 GLEN HAVEN LANE TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Turtle, Donna 4222 Hartwood Lane Tampa, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAVES, RAY 4230 HARTWOOD LANE TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD JACKSON, MARTHA 4202 GLEN HAVEN LANE TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATUCCI, JUDY 4233 HARTWOOD LANE TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURTLE, DONNA 4222 HARTWOOD LANE TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	