

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #750476



1. Entity Name
**THE TOWNHOMES OF CARROLLWOOD VILLAGE
 CONDOMINIUM ASSOCIATION, INC.**

FILED
 05 OCT 11 PM 2:55

Principal Place of Business
 4131 GUNN HWY
 TAMPA, FL 33624

Mailing Address
 4131 GUNN HWY
 TAMPA, FL 33624



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04112005 Chg-NP CR2E037 (10/03)

4. FFI Number
 59-2033341 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

FRISCIA, FRANCIS E
 MELROSE & FRISCIA, P.A.
 500 NORTH WESTSHORE BLVD., STE. 835
 TAMPA, FL 33609

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 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	VPD GRAVES, RAY 4230 HARTWOOD LANE TAMPA, FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JACKSON, MARTHA 4202 GLEN HAVEN LANE TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete
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	SD TURTLE, DONNA 4222 HARTWOOD LANE TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Henson, James 4217 Hartwood Lane Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD Bips, Patti 4222 Glen Haven Lane Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Walt Thatcher, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05
 Date

[Signature]
 Daytime Phone #

Fairway Lakes I Condominium Association

• 4131 Gunn Highway * Tampa, Florida 33618
(813) 600-1100 * FAX (813) 963-1326

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

October 7, 2005

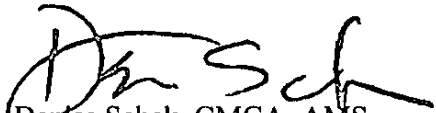
To Whom It May Concern:

The 2005 Annual Report was returned due to FEI Number being applied for status. I contacted the Department of Corporations and was informed this was done by the state and was immediately corrected in the computer system.

I have reprinted the form from the state and am re-submitting as instructed. From your correspondence, payment has already been made.

Please see prior correspondence that was mailed to you on April 14, 2005, which I have enclosed for your convenience.

Sincerely,



Denise Schek, CMCA, AMS
For the Board of Directors

DS:em
Enclosure

Fairway Lakes I Condominium Association

4131 Gunn Highway * Tampa, Florida 33618

(813) 600-1100 * FAX (813) 963-1326

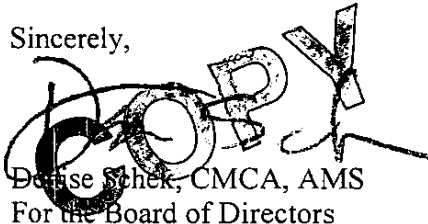
April 14, 2005

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