

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90090 002 ****61.25

DOCUMENT # 750476 1. Entity 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 - No P.O. Box # 3684 TAMPA RD		3. Mailing Address 3684 TAMPA RD			
Suite, Apt. #, etc. SUITE 6		Suite, Apt. #, etc. 6			
City & State OLD SMAR FL		City & State OLD SMAR FL		4. FEI Number 59-2033341	
Zip 34677		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FRISCIA, FRANCIS E MELROSE & FRISCIA, P.A. 500 NORTH WESTSHORE BLVD., STE. 635 TAMPA, FL 33609			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SD	NAME BIPS, PATTIE		TITLE PD		
STREET ADDRESS 4222 GLEN HAVEN	CITY-ST-ZIP TAMPA, FL 33618		NAME THATCHER, WALTER		
CITY-ST-ZIP TAMPA, FL 33618	<input type="checkbox"/> Delete		STREET ADDRESS 4226 GLEN HAVEN		
CITY-ST-ZIP TAMPA, FL 33618		CITY-ST-ZIP TAMPA FL 33618			
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE VPD	NAME GRAVES, RAY		TITLE VPD		
STREET ADDRESS 4230 HARTWOOD LANE	CITY-ST-ZIP TAMPA, FL 33624		NAME GRAVES, RAY		
CITY-ST-ZIP TAMPA, FL 33624		STREET ADDRESS 4230 HARTWOOD LANE			
CITY-ST-ZIP TAMPA, FL 33624		CITY-ST-ZIP TAMPA, FL 33624			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE D	NAME BENNING, BEN		TITLE D		
STREET ADDRESS 4232 ARLOWOOD LN	CITY-ST-ZIP TAMPA, FL 33618		NAME BENNING, BEN		
CITY-ST-ZIP TAMPA, FL 33618		STREET ADDRESS 4232 ARLOWOOD LN			
CITY-ST-ZIP TAMPA, FL 33618		CITY-ST-ZIP TAMPA, FL 33618			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE D	NAME MATUCCI, JUDY		TITLE D		
STREET ADDRESS 4233 HARTWOOD LANE	CITY-ST-ZIP TAMPA, FL 33624		NAME MATUCCI, JUDY		
CITY-ST-ZIP TAMPA, FL 33624		STREET ADDRESS 4233 HARTWOOD LANE			
CITY-ST-ZIP TAMPA, FL 33624		CITY-ST-ZIP TAMPA, FL 33624			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE TSB	NAME BIPS, PATTI		TITLE TSB		
STREET ADDRESS 4222 GLEN HAVEN LANE	CITY-ST-ZIP TAMPA, FL 33624		NAME BIPS, PATTI		
CITY-ST-ZIP TAMPA, FL 33624		STREET ADDRESS 4222 GLEN HAVEN LANE			
CITY-ST-ZIP TAMPA, FL 33624		CITY-ST-ZIP TAMPA, FL 33624			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE TD	NAME CARSON, HAROLD		TITLE TD		
STREET ADDRESS 4213 HARDWOOD LN	CITY-ST-ZIP TAMPA, FL 33618		NAME CARSON, HAROLD		
CITY-ST-ZIP TAMPA, FL 33618		STREET ADDRESS 4213 HARDWOOD LN			
CITY-ST-ZIP TAMPA, FL 33618		CITY-ST-ZIP TAMPA, FL 33618			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>HAROLD CARSON</u> DATE: <u>3/28/07</u> DAYTIME PHONE # _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HAROLD CARSON, TREAS.					

40047099



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