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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 759304 (9)

1. Corporation Name  
CARROLLWOOD SPRINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
P O BOX 273041 TAMPA FL 33688-0041 P O BOX 273041 TAMPA FL 33688-3041

3. Date Incorporated or Qualified 07/24/1981 3a. Date of Last Report 03/05/1996  
4. FEI Number 59-2542868 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
AMBLER, KEVIN C ESQ  
~~ONE TAMPA CITY CENTER SUITE 2500 TAMPA FL 33602~~  
111 EAST Madison Street  
Suite 1100 PARK Tower  
Tampa, FL 33602

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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  
TITLE  DELETE  
NAME PALAZZOLO, LUISA  
STREET ADDRESS 4141 ROLLING SPRINGS DR  
CITY-ST-ZIP TAMPA FL  
TITLE  DELETE  
NAME VARELLA, RICHARD  
STREET ADDRESS 15111 LYNX  
CITY-ST-ZIP TAMPA FL  
TITLE  DELETE  
NAME VARELA, MICHELLE  
STREET ADDRESS 1511 LYNX  
CITY-ST-ZIP TAMPA FL  
TITLE  DELETE  
NAME WHITE, DON  
STREET ADDRESS 4146 ROLLING SPRINGS DR  
CITY-ST-ZIP TAMPA FL  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D Vice President  Change  Addition  
1.2 NAME JAMES CERNY  
1.3 STREET ADDRESS 15106 Roundup Dr  
1.4 CITY-ST-ZIP Tpa FL  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* 3-3-97 (813) 963-0054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049472

CR2E037 (9/96)