

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morahan**  
 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 33688-0041

3. Date Incorporated or Qualified  
**07/24/1981**

4. FEI Number  
**59-2542868**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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**  
**111 E MADISON ST**  
**SUITE 1100 PARK TOWER**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

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	<del>D PALAZZOLO, LUISA</del>	1.1 TITLE	<del>Richard O. VARELA</del>
NAME	<del>4141 ROLLING SPRINGS DR</del>	1.2 NAME	<del>15111 LYNX Drive</del>
STREET ADDRESS	<del>TAMPA FL</del>	1.3 STREET ADDRESS	<del>TAMPA, FL. 33624</del>
CITY-ST-ZIP	<del>TAMPA FL</del>	1.4 CITY-ST-ZIP	<del>TAMPA, FL. 33624</del>
TITLE	<del>DPP CERNY, JAMES</del>	2.1 TITLE	<del>William Fiedler</del>
NAME	<del>15108 ROUNDUP DR</del>	2.2 NAME	<del>4111 Rolling Springs Dr.</del>
STREET ADDRESS	<del>TAMPA FL</del>	2.3 STREET ADDRESS	<del>TAMPA, FL 33624</del>
CITY-ST-ZIP	<del>TAMPA FL</del>	2.4 CITY-ST-ZIP	<del>TAMPA, FL 33624</del>
TITLE	<del>DT VARELA, MICHELLE</del>	3.1 TITLE	<del>315 or 30's</del>
NAME	<del>15111 LYNX</del>	3.2 NAME	
STREET ADDRESS	<del>TAMPA FL</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>TAMPA FL</del>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>3 DIRECTORS</b>
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>000002535140</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-05/26/98--01046--015</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***61.25</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  Change  Addition

1.3 STREET ADDRESS  Change  Addition

1.4 CITY-ST-ZIP  Change  Addition

2.1 TITLE  Change  Addition

2.2 NAME  Change  Addition

2.3 STREET ADDRESS  Change  Addition

2.4 CITY-ST-ZIP  Change  Addition

3.1 TITLE  Change  Addition

3.2 NAME  Change  Addition

3.3 STREET ADDRESS  Change  Addition

3.4 CITY-ST-ZIP  Change  Addition

4.1 TITLE  Change  Addition

4.2 NAME  Change  Addition

4.3 STREET ADDRESS  Change  Addition

4.4 CITY-ST-ZIP  Change  Addition

5.1 TITLE  Change  Addition

5.2 NAME  Change  Addition

5.3 STREET ADDRESS  Change  Addition

5.4 CITY-ST-ZIP  Change  Addition

6.1 TITLE  Change  Addition

6.2 NAME  Change  Addition

6.3 STREET ADDRESS  Change  Addition

6.4 CITY-ST-ZIP  Change  Addition

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.

SIGNATURE *[Signature]* **2/30/98** **8/29/07/TS**

CR2E037 (10/97)