# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAY -1 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768339 (4)

1. Corporation Name

THE VILLAGE SOUTH OF CARROLLWOOD, INC.

500001472915
-05/03/95--01050--025
DO NOT WRITE IN THIS SPACE ****130.00

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 270353<br>TAMPA FL 33688 | PO BOX 270353<br>TAMPA FL 33688 |

3. Date Incorporated or Qualified: 05/09/1983
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-2877666 ☐ Applied For ☐ Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SCIANNA, JAN<br>4212 CARTNAL AVENUE<br>TAMPA FL 33624 | 81 Name: ROBERT L. TURNER<br>82 Street Address (P.O. Box Number is Not Acceptable): 4230 WATER OAKS LANE<br>83 TAMPA<br>84 City: FL 85 Zip Code: 33624 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert L. Turner — 03/21/95
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 | TD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | ALSTEAD, DAVID | 12 NAME | |
| STREET ADDRESS | 4210 CARTNAL AVENUE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 14 CITY-ST-ZIP | |
| TITLE | VD | 21 TITLE | VD ☒ Change ☐ Addition |
| NAME | CLAREY, ED | 22 NAME | JAN MASTERS |
| STREET ADDRESS | 4202 CARTNAL AVENUE | 23 STREET ADDRESS | 4231 WATER OAKS, LN. |
| CITY-ST-ZIP | TAMPA FL | 24 CITY-ST-ZIP | TAMPA, FL 33624 |
| TITLE | PD | 31 TITLE | VP ☒ Change ☐ Addition |
| NAME | SCIANNA, JAN | 32 NAME | Terrance Dietzrick |
| STREET ADDRESS | 4212 CARTNAL AVENUE | 33 STREET ADDRESS | 4213 Meadow Hill Dr |
| CITY-ST-ZIP | TAMPA FL | 34 CITY-ST-ZIP | Tampa, FL 33624 |
| TITLE | VD | 41 TITLE | VP ☒ Change ☐ Addition |
| NAME | FAIL, PETER | 42 NAME | Linda Frank |
| STREET ADDRESS | 4215 WATER OAKS LANE | 43 STREET ADDRESS | 4209 meadow Hill Dr |
| CITY-ST-ZIP | TAMPA FL | 44 CITY-ST-ZIP | Tampa FL 33624 |
| TITLE | SD | 51 TITLE | SD ☒ Change ☐ Addition |
| NAME | FRANK, LINDA | 52 NAME | Rashbaum, Beth |
| STREET ADDRESS | 4209 MEADOW HILL | 53 STREET ADDRESS | 4216 water Oaks Ln. |
| CITY-ST-ZIP | TAMPA FL | 54 CITY-ST-ZIP | Tampa, FL 33624 |
| TITLE | D | 61 TITLE | P.D. ☒ Change ☐ Addition |
| NAME | MOORE, MARK | 62 NAME | ROBERT L. TURNER |
| STREET ADDRESS | 4221 CARTNAL AVENUE | 63 STREET ADDRESS | 4230 WATER OAKS LANE |
| CITY-ST-ZIP | TAMPA FL | 64 CITY-ST-ZIP | TAMPA, FL 33624 |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 3/21/95 813/962-7546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID ALSTEAD

0055270