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Feb 07 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 # 768339 (4)

1. Corporation Name
THE VILLAGE SOUTH OF CARROLLWOOD, INC.

Principal Place of Business	Mailing Address
PO BOX 270353 TAMPA FL 33688	PO BOX 270353 TAMPA FL 33688-0353

3. Date Incorporated or Qualified: 05/09/1983
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2877666 ☐ 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

9. Name and Address of Current Registered Agent

DARIUS V. BAKUNAS
4218 CARTNAL AVENUE
TAMPA FL 33624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	MILT STEADMAN		1.2 NAME	NORM PRENZEL	
STREET ADDRESS	4201 CARTNAL AVENUE		1.3 STREET ADDRESS	4213 CARTNAL AV	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	~~VP~~	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~ED CLAREY~~		2.2 NAME		
STREET ADDRESS	~~4202 CARTNAL AVENUE~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL~~		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MICHELLE GEHRIG		3.2 NAME		
STREET ADDRESS	4224 MEADOW HILL DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DARIUS BAKUNAS		4.2 NAME		
STREET ADDRESS	4218 CARTNAL AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LINDA SCHMITT		5.2 NAME		
STREET ADDRESS	4219 MEADOW HILL DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	~~VP~~	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	~~JUDY SCHMITT~~		6.2 NAME		
STREET ADDRESS	~~4208 WATER OAKS LANE~~		6.3 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL~~		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Milton G. Steadman MILTON G. STEADMAN 1/31/97 813-968-2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049427