

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

05/09/1983

4. FEI Number

59-2877666

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARIUS V. BAKUNAS
4218 CARTNAL AVENUE
TAMPA FL 33624

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

TITLE	TD	☒ DELETE
NAME	PRENZEL, NORM	
STREET ADDRESS	4213 CARTNAL WAY	
CITY-ST-ZIP	TAMPA FL	

TITLE	SD	☐ DELETE
NAME	MICHELLE GEHRIG	
STREET ADDRESS	4224 MEADOW HILL DRIVE	
CITY-ST-ZIP	TAMPA FL	

TITLE	PD	☐ DELETE
NAME	DARIUS BAKUNAS	
STREET ADDRESS	4218 CARTNAL AVENUE	
CITY-ST-ZIP	TAMPA FL	

TITLE	VP	☒ DELETE
NAME	LINDA SCHMITT	
STREET ADDRESS	4219 MEADOW HILL DRIVE	
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	VD	☒ Change ☐ Addition
1.2 NAME	NORM PRENZEL	
1.3 STREET ADDRESS	4213 CARTNAL AVE	
1.4 CITY-ST-ZIP	TAMPA, FL 33624	

2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

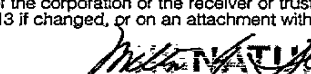
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	TREASURER / DIR	☒ Change ☐ Addition
4.2 NAME	MILTON A. STEADMAN	
4.3 STREET ADDRESS	4201 CARTNAL AVE	
4.4 CITY-ST-ZIP	TAMPA FL 33624	

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 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:  NATURE REQUIRED

1-8-95

813-968-2835

CR2E037 (10/97)