FILE NOW: FILING FEE IS $61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90139 002 ****61.25

0052156

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768339

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

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

3. Date Incorporated or Qualifed
05/09/1983

4. FEI Number
59-2877666
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

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	VD	☒ DELETE	1.1 TITLE	~~Secretary~~ VP	☒ Change ☐ Addition
NAME	~~PRENZEL, NORM~~		1.2 NAME	LINDA HOWELL	
STREET ADDRESS	~~4213 CARTNAL AVE~~		1.3 STREET ADDRESS	4212 MEADOW HILL DR	
CITY-ST-ZIP	~~TAMPA FL 33624~~		1.4 CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	☒ DELETE	2.1 TITLE	SEC	☒ Change ☐ Addition
NAME	~~MICHELLE GEHRIG~~		2.2 NAME	CATHY COLEY	
STREET ADDRESS	4224 MEADOW HILL DRIVE		2.3 STREET ADDRESS	4203 MEADOW HILL DR	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~DARIUS BAKUNAS~~		3.2 NAME	BECKY DU-BOER	
STREET ADDRESS	~~4218 CARTNAL AVENUE~~		3.3 STREET ADDRESS	4217 CARTNAL AVE	
CITY-ST-ZIP	~~TAMPA FL~~		3.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEADMAN, MILTON A		4.2 NAME		
STREET ADDRESS	4201 CARTNAL AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Treasurer 1-15-98 813-968-2835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #