2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90092 012 ****61.25

94053639

DOCUMENT # 768339

1. Entity 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

04092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

PRENZEL, NORM
4213 CANTNAL AVE
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRENZEL, NORM 4213 CARTNAC AVE TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Prenzel, Norm 4213 Cartnal Ave. Tampa, FL 33618	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ARMSTRONG, DAN 4220 WATER OAKS LANE TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Luzey, Forswyth 4202 Meadow Hill Dr. Tampa, FL 33618	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LUZEY, FORSITH 4202 MEADOW HILL DR. TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Marchand, Mary Ann 4224 Cartnal Ave. Tampa, FL 33618	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TORRENS, GAIL 4226 WATER OAKS LANE TAMPA, FL 33624	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Woody, Jason 4202 Cartnal Ave. Tampa, FL 33618	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARCHAND, MARY ANN 4224 CARTNAC AVE TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Donovan, Joey 4237 Water Oaks Lane Tampa, FL 33618	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD POWELL, MERCY 4209 CARTNAC AVE TAMPA, FL 33624	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Fischer, Merna 4206 Meadow Hill Dr. Tampa, FL 33618	☐ Change ☑ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MaryAnn Marchand Mary Ann Marchand 4/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #