## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 768339

1. Entity Name

THE VILLAGE SOUTH OF CARROLLWOOD, INC.

|--|

FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90094 029 \*\*\*\*61.25

|  |                            |                                 |   |                | CO WE 100          | >  |   |                   |               |  |
|--|----------------------------|---------------------------------|---|----------------|--------------------|--|---|-------------------|---------------|--|
| PO BOX 270353 PO B                           |                            |                                 | Mailing Address<br>PO BOX 270353<br>AMPA FL 33688 |                |                    |  | 22004172  |                   |               |  |
|  |                            |                                 | •   |                |                    | 1 10 10 10 10 10 10 10 10 10 10 10 10 10 |   | <br>              |               |  |
| 2. Principal                                 | Place of Business          |                                 | . Mailing Address                                 |                |                    |  |   |                   |               |  |
| Suite, Apt                                   | t. #, etc.                 | ·                               | Suite, Apt. #, etc.                               |                |                    | $\dashv$ $_{\square}$ .                  | .  CHECK HERE IF MAKING CHANGES                                   |                   |               |  |
| City & State                                 |                            |                                 | City & State                                      |                |                    | A FELNiumber FO                          | 4. FEI Number 59-2877666 Applied For                              |                   |               |  |
|  |                            |                                 | City & State                                      |                |                    | 4. FEI Number 59                         | -2877666  |                   | ot Applicable |  |
| Zip Country                                  |                            |                                 | Zip   | Zip Country    |                    | 5. Certificate of Sta                    | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |                   |               |  |
|  | 6. Name and                | Address of Current Re           | egistered Agent                                   | <u> </u>       |                    | 7. Name and Addr                         | ess of New Registered   |                   |               |  |
|  |                            |                                 |   |                | Name               |  |   |                   |               |  |
|  | l, norm<br>Intnal ave      |                                 |   | -              | Street Addre       | ess (P.O. Box Number is No               | P.O. Box Number is Not Acceptable)                                |                   |               |  |
|  | FL 33624                   |                                 |   |                |                    |  |   |                   |               |  |
|  | 4.4                        |                                 |   | -              | City               |  |   | Zip Cod           | le            |  |
| 8. The above                                 | e named entity subr        | nits this statement for t       | he purpose of changing its                        | registered     | office or rea      | istered agent, or both, in th            |   |                   | and accept    |  |
| the obliga                                   | ations of registered a     | agent.                          | no perpension of energing her                     | rogretered     | director reg       | istored agent, or bottl, in th           | ie State of Florida. Tan  | ı tarımlar willi, | апи ассери    |  |
|  | s: <b>//.</b>              | 11                              | /   |                |                    |  | / /   |                   |               |  |
| SIGNATURE.                                   | Nam                        | A serry                         | 4UT PASSIDE                                       | at_            |                    |  | 1/24/03   |                   |               |  |
|  | Signature, typed or printe | ed name of registered agent and | title if applicable. (NOTE                        | : Registered A | gent signature rec | quired when reinstating)                 | DATE  |                   |               |  |
| (b)  |                            |                                 |   |                |                    |  | 120.110   | -                 |               |  |
| FILE NOW: FEE IS \$61.25 9. Election Campaig |                            |                                 |   |                |                    | \$5.00 May Be                            | Make Ched   | k Payable         | to            |  |
| Trust Fund (                                 |                            |                                 |   |                | . Ц                | Added to Fees                            | Florida Depa  | rtment of S       | State         |  |
| 10.  |                            | OFFICERS AND DIRE               | CTORC   | 1 22           |                    | 488171811818181                          |   |                   |               |  |
| TITLE  | PD                         | OFFICERS AND DIRE               |   | 11.            | 111                | ADDITIONS/CHANGES                        | S TO OFFICERS AND D   |                   |               |  |
| VAME   | PRENZEL, NOR               | М                               | ☐ Delete  | TITLE<br>NAME  | 17                 | D 60 60 80 80                            |   | ☐ Change          | Addition      |  |
| STREET ADDRESS                               | 4213 CARTNAC               |                                 | • •   |                | ADDRESS 4          | 12RY, FORSY 174<br>LOZ MEADOW HUL        | Dr  |                   | ·             |  |
| CITY-ST-ZIP                                  | TAMPA FL 33624             |                                 |   | CITY-ST        |                    | 7ma4 FL 33624                            |   |                   |               |  |
| TITLE  | VPD                        |                                 | ☐ Delete  | TITLE          |                    | 14477 PC 30327                           |   | Change            | □ Addition    |  |
| NAME   | ARMSTRONG, I               | DAN                             | - Delete  | NAME           |                    |  |   | ☐ Change          | ☐ Addition    |  |
| STREET ADDRESS                               | <b>4220 WATER O</b>        |                                 |   | STREET A       | ADDRESS            |  |   |                   |               |  |
| CITY-ST-ZIP                                  | TAMPA FL 3362              | 24                              | <b>.</b> -  | - "CITY-ST     | -ZIP               | . <del></del>                            | general Turkers   | ·                 |               |  |
| TITLE  | VPD                        |                                 | Delete  | TITLE          |                    |  | <del>-</del>  | ☐ Change          | Addition      |  |
| NAME   | IRVING, DAN                |                                 |   | NAME           | İ                  |  |   | o.,go             |               |  |
| STREET ADDRESS                               | 4214 CARTNAC               | AVE                             |   | STREET A       | ADDRESS            |  |   |                   |               |  |
| CITY-ST-ZIP                                  | TAMPA FL 3362              | 24                              |   | CITY-ST        | -ZIP               |  |   |                   |               |  |
| ITLE   | VPD                        |                                 | ☐ Delete  | TITLE          |                    | **************************************   |   | ☐ Change          | Addition      |  |
| IAME   | TORRENS, GAIL              |                                 |   | NAME           |                    |  |   |                   |               |  |
| TREET ADDRESS                                | 4226 WATER O.              |                                 |   | STREET A       | 1                  |  |   |                   |               |  |
| SITY-ST-ZIP                                  | TAMPA FL 3362              | 4                               |   | CITY-ST-       | -ZIP               |  |   |                   | }             |  |
| ITLE   | TD                         | ISV AND                         | ☐ Delete  | TITLE          |                    |  |   | ☐ Change          | ☐ Addition    |  |
| IAME   | MARCHAND, MA               |                                 |   | NAME           |                    |  |   |                   | }             |  |
| TREET ADDRESS                                | 4224 CARTNAC               |                                 |   | STREET A       | - 1                |  |   |                   | ĺ             |  |
| ITY-ST-ZIP                                   | TAMPA FL 3362              |                                 |   | CITY-ST-       | -ZIP               | ·.,.,                                    |   |                   |               |  |
| ITLE   | SD<br>DOMEN MEDO           | v                               | ☐ Delete  | TITLE          |                    |  | ``  | Change            | ☐ Addition    |  |
| AME<br>Treet address                         | POWELL, MERC               |                                 | ** 1  | NAME           |                    |  |   |                   | J             |  |
| ITY-ST-ZIP                                   | 4209 CARTNAC               |                                 |   | STREET A       |                    |  |   |                   |               |  |
| 31 ZII                                       | Tampa Fl 3362              | 4                               |   | CITY-ST-       | · ZIP              |  |   |                   | í             |  |

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 any address, with all other like empowered.

**SIGNATURE:** 

Ward The MEQUIPEATANSIPME

1/24/03

CR2E037 (10/02