

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01509** (1)

1. Corporation Name

**CARROLLWOOD HOMEOWNERS ASSOCIATION, INC., OF TALLAHASSEE**



Principal Place of Business

Mailing Address

2029 HANOVER CT.  
TALLAHASSEE FL 32303

2029 HANOVER CT.  
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified **02/17/1984** 3a. Date of Last Report **06/28/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2902479</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	29
23	28	30	31
Zip	Country	32	33
24	25	34	35

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

HANCOCK, EDNA  
2029 HANOVER CT.  
TALLAHASSEE FL 32303

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: *Edna Hancock* 3/3/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD MCNULTY, WILLIAM 2063 HANOVER CT. TALLAHASSEE FL 32303	1.1 TITLE <input checked="" type="checkbox"/> DELETE
NAME		1.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	VD CARLTON, STACY 2058 CANEWOOD CT. TALLAHASSEE FL 32303	2.1 TITLE <input type="checkbox"/> DELETE
NAME		2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	VD CASTOLDI, JOHN 2023 HANOVER CT. TALLAHASSEE FL 32303	3.1 TITLE <input checked="" type="checkbox"/> DELETE
NAME		3.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	SD HOURIGAN, STEVE 1621B METROPOLITAN BLVD. TALLAHASSEE FL 32308	4.1 TITLE <input type="checkbox"/> DELETE
NAME		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	TD HANCOCK, EDNA 2029 HANOVER CT. TALLAHASSEE FL 32303	5.1 TITLE <input checked="" type="checkbox"/> DELETE
NAME		5.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE <input type="checkbox"/> DELETE
NAME		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

PD Hancock, Edna  
2029 Hanover Ct  
Tallahassee, FL 32303

VD McNulty, William  
2063 Hanover Ct.  
Tallahassee, FL 32303

TD Carlton, Gail  
2058 CaneWood Ct.  
Tallahassee, FL 32303

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Edna Hancock* Edna Hancock 3/3/96 562-7024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)