

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 17, 2001 8:00 am
Secretary of State

04-13-2001 90058 042 ****61.25

DOCUMENT # **NO1509 ✓**
 1. Entity Name
Carrollwood Homeowners Association Inc., of Tallahassee

Principal Place of Business Mailing Address

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 **59-2902479** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



43796

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Edna Hancock
2029 Hanover Ct.
Tallahassee, FL 32303

Name **SANDRA BEDARD**
 Street Address **2013 Canewood Ct**
 City **Tallahassee** FL Zip Code **32303**

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.

SIGNATURE *Sandra Bedard* **SANDRA BEDARD President** DATE **4-3-01**

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

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jolly, Drew 2038 Hanover Ct Tallahassee, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Cox, Janice 2043 Canewood Ct. Tallahassee, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jolly, Cathy 2038 Hanover Ct. Tallahassee, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Hancock, Edna 2029 Hanover Ct Tallahassee, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD President Sandra BEDARD 2013 Canewood Ct Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND Vice President Claire Curry 2019 Canewood Ct Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Secretary Sherril Wedesky 5402 Tallapoosa Rd Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Treasurer Connie Papachodoucas 2030 Hanover Court Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.

SIGNATURE: *Sandra Bedard* **SANDRA BEDARD** DATE **4-3-01** DAYTIME PHONE # **850-514-3285**

CR2E037 (11/00)