

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01509 1. Entity Name CARROLLWOOD HOMEOWNERS ASSOCIATION, INC., OF TALLAHASSEE		
Principal Place of Business 2013 CANEWOOD CT. TALLAHASSEE, FL 32303		Mailing Address 2013 CANEWOOD CT. TALLAHASSEE, FL 32303
2. Principal Place of Business <i>2020 Canewood Ct</i>	3. Mailing Address <i>2020 Canewood Ct</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <i>Tallahassee, FL</i>		City & State <i>Tallahassee, FL</i>
Zip <i>32303</i>	Country <i>USA - Lem Co</i>	Zip <i>32303</i>
Country <i>USA - Lem Co</i>		Country <i>USA - Lem Co</i>
4. FEI Number 59-2902479		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BEDARD, LEON 2013 CANEWOOD CT. TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600075093046 05/23/06--01007--016 **\$61.25 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 <i>Opal King</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <i>4/29/06</i>
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME BEDARD, LEON <input checked="" type="checkbox"/> Delete STREET ADDRESS 2013 CANEWOOD CT. CITY-ST-ZIP TALLAHASSEE, FL 32303	TITLE PD NAME <i>OPAL KING</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <i>2020 CANEWOOD CT</i> CITY-ST-ZIP	
TITLE VP NAME CURRY, CLAIRE <input checked="" type="checkbox"/> Delete STREET ADDRESS 2019 CANEWOOD CT. CITY-ST-ZIP TALLAHASSEE, FL 32303	TITLE VP NAME <i>ANDREA RAMES</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <i>2032 CANEWOOD CT</i> CITY-ST-ZIP	
TITLE S NAME KOSHY, MATHEN <input type="checkbox"/> Delete STREET ADDRESS 2071 HANOVER CT. CITY-ST-ZIP TALLAHASSEE, FL 32303	TITLE TD NAME <i>CONNIE PAPACALODOUCAS</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <i>2030 HANOVER CT</i> CITY-ST-ZIP	
TITLE TD NAME PAPACALODOUCAS, CONNIE <input type="checkbox"/> Delete STREET ADDRESS 2030 HANOVER COURT CITY-ST-ZIP TALLAHASSEE, FL 32303	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BEDARD, SANDRA <input type="checkbox"/> Delete STREET ADDRESS 2013 CANEWOOD CT. CITY-ST-ZIP TALLAHASSEE, FL 32303	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Opal King</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>4/29/06</i>
<small>Daytime Phone #</small>		<small>Daytime Phone #</small>