


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 24 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N01509 1. Entity Name CARROLLWOOD HOMEOWNERS ASSOCIATION, INC., OF TALLAHASSEE	
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Principal Place of Business 2020 CANEWOOD CT. TALLAHASSEE, FL 32303	Mailing Address 2020 CANEWOOD CT. TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04232007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2902479	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <i>Opal Ringo</i> Street Address (P.O. Box Number is Not Acceptable) <i>2020 Canewood Court</i> City <i>Tallahassee</i> FL Zip Code <i>32303</i>
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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 *Opal Ringo* DATE *4/23/2007*

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, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD RINGO, OPAL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900099198549 04/27/07--01002--007 **\$61.25
NAME	2020 CANEWOOD CT.	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>VP</i>
STREET ADDRESS	TALLAHASSEE, FL 32303	STREET ADDRESS	<i>JAMES MYRICK</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>2028 CANEWOOD CT</i>
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Tallahassee FL 32303</i>
NAME	RAMES, ANDREA	NAME	<i>S</i>
STREET ADDRESS	2032 CANEWOOD CT.	STREET ADDRESS	<i>ANGELA THIGPEN</i>
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	<i>2042 HANOVER CT</i>
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Tallahassee FL 32303</i>
NAME	KOSHY, MATHEN	NAME	<i>2</i>
STREET ADDRESS	2071 HANOVER CT.	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPACALODOUCAS, CONNIE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D</i>
STREET ADDRESS	2030 HANOVER COURT	STREET ADDRESS	<i>Tom Steckler</i>
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	<i>10031 Journeys End</i>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Tallahassee FL 32312</i>
NAME	BEDARD, SANDRA	NAME	
STREET ADDRESS	2013 CANEWOOD CT.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Opal Ringo* DATE: *4/23/2007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #