

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01509
 1. Entity Name
CARROLLWOOD HOMEOWNERS ASSOCIATION, INC., OF TALLAHASSEE



FILED

08 MAY 27 PM 12:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
~~2020 CANEWOOD CT~~ ~~TALLAHASSEE FL 32303~~
 US ~~2020 CANEWOOD CT~~ ~~TALLAHASSEE FL 32303~~
 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2028 Canewood Ct **2028 Canewood St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee **Tallahassee FL 32303**
 Zip Country Zip Country
32303 **Leon** **32303** **Leon**

4. FEI Number **59-2902479** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RINGO, OPAL
~~2020 CANEWOOD CT~~
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
 Name **JAMES MYRICK**
 Street Address (P.O. Box Number is Not Acceptable)
2028 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James Myrick*
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RINGO, OPAL 2020 CANEWOOD CT TALLAHASSEE FL 32303 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MYRICK, JAMES 2028 CANEWOOD CT TALLAHASSEE FL 32303 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THIGPEN, ANGELA 2042 HANOVER CT TALLAHASSEE FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAPACALODOUCAS, CONNIE 2030 HANOVER CT TALLAHASSEE FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STECKLER, SANDRA 10031 JOURNEYS END TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James Myrick 2028 Canewood Ct Tallahassee FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michelle Straw 2026 Canewood Ct Tallahassee FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200126840132 04/29/08--01024--018 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Steckler 10031 Journeys End Tallahassee FL 32303 <input type="checkbox"/> Change <input checked="" 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 exemptions contained in Section 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: *James Myrick* **4/29/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date