


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

04-29-2003 90067 019 ****61.25

DOCUMENT # **N01509**

1. Entity Name
CARROLLWOOD HOMEOWNERS ASSOCIATION, INC., OF TALLAHASSEE



55041597

Principal Place of Business
~~2029 HANOVER CT.~~ **2013 CANEWOOD CT**
TALLAHASSEE FL 32303

Mailing Address
~~2029 HANOVER CT.~~ **2013 CANEWOOD CT**
TALLAHASSEE FL 32303



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2013 CANEWOOD CT
Suite, Apt. #, etc.

3. Mailing Address
2013 CANEWOOD CT
Suite, Apt. #, etc.

City & State
Tallahassee

City & State
Tallahassee

Zip
32303

Country
Leon

Zip
32303

Country
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
~~KELLY, JOCELYN~~
~~2058 CANEWOOD CT.~~
~~TALLAHASSEE FL 32303~~

7. Name and Address of New Registered Agent

Name **Leon Bedard**

Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Leon E. Bedard*

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

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 JOCELYN, KELLY 2058 CANEWOOD CT. TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANCOCK, EDNA 2029 HANOVER CT TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOSHY, LISA 2071 HANOVER CT. TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAPALDOUGAS, CONNIE 2030 HANOVER COURT 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Director LEON BEDARD 2013 CANEWOOD CT. Tallahassee FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - first Director Debbie McCoy 2021 Canewood Ct Tallahassee FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	secretary - Director ←	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Director PAPACALDOUGAS, Spelling	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - second Director CLAIRE CURRY 2019 Canewood Ct Tallahassee FL 32303	<input checked="" 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 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 empowered.

SIGNATURE: *Leon E. Bedard* DATE: **4/28/03** DAYTIME PHONE #: **850 5743283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)