

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18476** (4)

1. Corporation Name

CARILLON WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**49 TIMBERLAND CIRCLE SOUTH
P.O. BOX 6784
FT. MYERS FL 33911**

Mailing Address

**49 TIMBERLAND CIRCLE SOUTH
P.O. BOX 6784
FT. MYERS FL 33911**

3. Date Incorporated or Qualified
12/29/1986

3a. Date of Last Report
08/07/1995

2. Principal Place of Business
21 **25 Timberland Cir N**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 **Ft Myers, FL**

27 Suite, Apt. #, etc.

24 Zip **33919**

25 Country

28 Country

29

30

4. FEI Number
59-2767642

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAUNDERS, WAYNE
25 TIMBERLAND CIR N
B
FT MYERS FL 33919**

81 Name
Wayne Saunders

82 Street Address (P.O. Box Number is Not Acceptable)
25 Timberland Cir N

83

84 City
Ft Myers, FL

FL 85 Zip Code
33919

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Wayne R. Saunders
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/22/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☒ DELETE
NAME **DELANOIS, GARY**
STREET ADDRESS **49 TIMBERLAND CIR S**
CITY - ST - ZIP **FT. MYERS FL**

1.1 TITLE **DP** ☐ Change ☐ Addition
1.2 NAME **Saunders, Wayne**
1.3 STREET ADDRESS **25 Timberland Cir N**
1.4 CITY - ST - ZIP **Ft Myers, FL 33919**

TITLE **DP** ☐ DELETE
NAME **SAUNDERS, WAYNE**
STREET ADDRESS **28 TIMBERLAND CIR., N**
CITY - ST - ZIP **FT. MYERS FL**

2.1 TITLE **DV** ☒ Change ☐ Addition
2.2 NAME **Carr, Paul**
2.3 STREET ADDRESS **40 Timberland Cir N**
2.4 CITY - ST - ZIP **Ft Myers, FL 33919**

TITLE **DT** ☐ DELETE
NAME **DEASON, BILLIE**
STREET ADDRESS **19 WINEWOOD CT**
CITY - ST - ZIP **FT. MYERS FL**

3.1 TITLE **DS** ☐ Change ☒ Addition
3.2 NAME **Fransway, Deborah**
3.3 STREET ADDRESS **16 Winewood Ct**
3.4 CITY - ST - ZIP **Ft Myers, FL 33919**

TITLE **DS** ☒ DELETE
NAME **SMITH, LEO**
STREET ADDRESS **57 TIMBERLAND CIR S**
CITY - ST - ZIP **FT. MYERS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **CARR, PAUL**
STREET ADDRESS **40 TIMBERLAND CIR N**
CITY - ST - ZIP **FT. MYERS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wayne R. Saunders*
Wayne Saunders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96
DATE

941-939-5053
TELEPHONE NUMBER

CR2E037 (12/95)