

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18476** (4)  
1. Corporation Name  
**CARILLON WOODS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>16 WINEWOOD COURT FT MYERS FL 33919 US</b>	Mailing Address <b>PO BOX 6784 P.O. BOX 6784 FT MYERS FL 33911-6784 US</b>
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2. Principal Place of Business <b>21 39 Timberland Cir. N.</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Ft. Myers, FL</b> Zip <b>24 33919</b>	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country <b>29 USA</b>
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3. Date Incorporated or Qualified <b>12/29/1986</b>	4. FEI Number <b>59-2767642</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**FRANSWAY, DEBORAH  
16 WINEWOOD COURT  
FT MYERS FL 33919**

10. Name and Address of New Registered Agent	
81 Name <b>Martin Schappel</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>39 Timberland Cir. N.</b>
83	84 City <b>Fort Myers</b>
85 FL	86 Zip Code <b>33919</b>

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 **MARTIN SCHAPPEL** *[Signature]* DATE **2/9/98**  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FRANSWAY, DEBORAH 16 WINEWOOD COURT FT MYERS FL 33319 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MACDERMOTT, ROY 16 TIMBERLAND CIRCLE N FT MYERS FL 33319 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT KING, PATRICK 62 TIMBERLAND CIRCLE S FT MYERS FL 33319 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ADKINS, SANDRA 6808 KESTRAL CIRCLE FT MYERS FL 33319 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAL SCHAPPEL, MARTIN 39 TIMBERLAND CIRCLE FT MYERS FL 33919 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Member at Large Sater, Daniel 12 Timberland Cir. N. Ft. Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DT Hughes, William 11 Timberland Cir. N. Ft. Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DS Howell, Laura 14 Falconwood Ct. Ft. Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: **MARTIN SCHAPPEL** *[Signature]* **2/9/98** (941) 275-3056

CP2E037 (10/97)