

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18476

FILED
Apr 01, 2008
Secretary of State

Entity Name: CARILLON WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2767642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FILSON, TED
Address: 21 WINEWOOD CT
City-St-Zip: FORT MYERS, FL 33919

Title: VPD () Delete
Name: KERR, ADRIAN
Address: 62 TIMBERLAND CIR S
City-St-Zip: FORT MYERS, FL 33919

Title: SD () Delete
Name: DEASON, BILL
Address: 19 WINEWOOD CT
City-St-Zip: FORT MYERS, FL 33919

Title: TD () Delete
Name: COVAL, CATHERINE
Address: 16 CATALPA CT
City-St-Zip: FORT MYERS, FL 33919

Title: PD () Delete
Name: ROOKER, RON
Address: 33 TIMBERLAND CIR S
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STILWELL, LORI
Address: 57 TIMBERLAND CIR S
City-St-Zip: FORT MYERS, FL 33919

Title: TSD (X) Change () Addition
Name: COVAL, CATHERINE
Address: 16 CATALPA CT
City-St-Zip: FORT MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON ROOKER

PD

04/01/2008

Electronic Signature of Signing Officer or Director

Date