

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 27, 2012
Secretary of State

DOCUMENT# N18476

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:** PD
Name: FITZGERALD, DREW
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779**Title:** VPD
Name: TOWE, VERONICA
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779**Title:** SD
Name: SCHANZ, WENDELL
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779**Title:** TD
Name: SOHN, MICHAEL
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779**Title:** D
Name: FILSON, TED
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: DREW FITZGERALD

PD

02/27/2012

Electronic Signature of Signing Officer or Director

Date