

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003805 (5)
1. Corporation Name
CARROLLWOOD COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 5110 EISENHOWER BLVD., STE. 250 TAMPA FL 33634	Mailing Address 5110 EISENHOWER BLVD., STE. 250 TAMPA FL 33634
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3. Date Incorporated or Qualified 07/02/1997	
4. FEI Number 59-3486139	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Seaboard Arbors Mgmt. Svcs. Suite, Apt. #, etc.	2a. Mailing Address 26 1700 McMullen Booth Rd. Suite, Apt. #, etc.
22 C-3 City & State	27 C-3 City & State
23 Clearwater, FL Zip Country	28 Clearwater, FL Zip Country
24 33759	25 Pinellas
29 33759	30 Pinellas

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JAMES, JUDITH L
325 S. BLVD.
TAMPA FL 33606**

10. Name and Address of New Registered Agent
81 Name
Lennard A. Leighton
82 Street Address (P.O. Box Number is Not Acceptable)
SEABOARD ARBORS MANAGEMENT SERVICES, INC.
83
1700 McMullen-Booth Rd., Suite C-3
84 City
Clearwater 85 Zip Code
FL 34619

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 617.1503, Florida Statutes.
SIGNATURE: *Judith L James* DATE: **2/10/98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	REYNOLDS, NANCY M	
STREET ADDRESS	5110 EISENHOWER BLVD., STE. 250	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PODLIN, KEN	
STREET ADDRESS	5110 EISENHOWER BLVD., STE. 250	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASHBY, RENI	
STREET ADDRESS	5110 EISENHOWER BLVD., STE. 250	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Nancy M. Reynolds		
1.3 STREET ADDRESS	5110 Eisenhower Blvd., Ste. 250		
1.4 CITY-ST-ZIP	Tampa, Florida 33634		
2.1 TITLE	DST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Ken Podlin		
2.3 STREET ADDRESS	5110 Eisenhower Blvd., Ste. 250		
2.4 CITY-ST-ZIP	Tampa, Florida 33634		
3.1 TITLE	DVP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Reni Ashby		
3.3 STREET ADDRESS	5110 Eisenhower Blvd, Ste. 250		
3.4 CITY-ST-ZIP	Tampa, Florida 33634		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Nancy M. Reynolds*

1/14/97

CR2E087 (10/97)