

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N97000003805**

1. Entity Name

**CARROLLWOOD COVE HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90003 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

SEABOARD ARBORS MGMT  
 C3  
 CLEARWATER FL 33759  
 US

1700 MCMULLEN BOOTH RD  
 C3  
 CLEARWATER FL 33759-2129  
 US

2. Principal Place of Business

3. Mailing Address

**SEABOARD ARBORS MANAGEMENT, SEABOARD ARBORS MANAGEMENT**  
**2189 CLEVELAND ST. STE. 225, 2189 CLEVELAND ST. STE. 225**  
**CLEARWATER FL 33765, CLEARWATER FL 33765**  
**US, US**



DO NOT WRITE IN THIS SPACE

1. FEI Number

**59-3486139**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIGHTON, LENNARD A**  
**SEABOARD ARBORS MANAGEMENT SERVICES INC**  
**1700 MCMULLEN-BOOTH RD SUITE C3**  
**CLEARWATER FL 34619**

Name  
**SEABOARD ARBORS MANAGEMENT**  
**2189 CLEVELAND ST. STE. 225**  
**CLEARWATER FL 33765**  
**US**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REYMONDS, NANCY M 5110 EISENHOWER, BLVD SUITE 250 TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PODLIN, KEN 5110 EISENHOWER BLVD., STE. 250 TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEWIS, RON 5110 EISENHOWER BLVD., STE. 250 TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, DENNIS A 11711 CARROLLWOOD COVE DRIVE TAMPA FL 33624	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD STECHMANN, JEFF 11707 CARROLLWOOD COVE DRIVE TAMPA FL 33624	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEGLEIN, BRIAN 11714 CARROLLWOOD COVE DRIVE TAMPA FL 33624	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URBANSKI, PAUL 11710 CARROLLWOOD COVE DRIVE TAMPA FL 33624	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, BRUCE 11731 CARROLLWOOD COVE DRIVE TAMPA FL 33624	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dennis A Morgan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/2000  
 Date

813-265-8503  
 Daytime Phone #

CR2E037 (9/99)