

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90051 036 ****61.25

DOCUMENT # N97000003805

1. Entity Name

CARROLLWOOD COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SEABOARD ARBORS MGMT SERVICES
 2189 CLEVELAND ST., #225
 CLEARWATER FL 33765
 US

C/O SEABOARD ARBORS MGMT SERVICES
 2189 CLEVELAND ST., #225
 CLEARWATER FL 33765
 US

2. Principal Place of Business

3. Mailing Address

**CARROLLWOOD COVE DRIVE
 @ JACKSON ROAD
 TAMPA, FL
 33624 USA**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3486139

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIGHTON, LENNARD A
 % SEABOARD ARBORS MGMT SERVICES INC.
 2189 CLEVELAND ST., #225
 CLEARWATER FL 33765**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 **PD** Delete
 NAME **STECHMANN, JEFF**
 STREET ADDRESS **11707 CARROLLWOOD COVE DR.**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **PD** Change Addition
 NAME **STENGLEIN, BRIAN**
 STREET ADDRESS **11714 CARROLLWOOD COVE DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **VPD** Delete
 NAME **GLEASON, GARY**
 STREET ADDRESS **11725 CARROLLWOOD COVE DR.**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WEGMAN, GLENN**
 STREET ADDRESS **11703 CARROLLWOOD COVE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **TD** Change Addition
 NAME **FILIPPELLO, PETER**
 STREET ADDRESS **11719 CARROLLWOOD COVE DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **SD** Delete
 NAME **BERMAN, LOIS**
 STREET ADDRESS **11702 CARROLLWOOD COVE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **SD** Change Addition
 NAME **MOSS, MILT**
 STREET ADDRESS **11733 CARROLLWOOD COVE DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33624**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/02

Date

813-269-7098

Daytime Phone #

CR2E037 (9/01)