

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90313 049 ****61.25



DOCUMENT # N97000003805

1. Entity Name

CARROLLWOOD COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

CARROLLWOOD COVE DRIVE
 @ JACKSON ROAD
 TAMPA FL 33624
 US

Mailing Address

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-3486139

Applied For

Not Applicable

Zip

Country

Zip

Country

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 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VPD
 NAME: FILLIPPELO, PETER Delete
 STREET ADDRESS: 11719 CARROLLWOOD COVE DRIVE
 CITY-ST-ZIP: TAMPA FL 33624

TITLE: VPD
 NAME: LARRY W. MONTGOMERY Change Addition
 STREET ADDRESS: 11729 CARROLLWOOD COVE DR
 CITY-ST-ZIP: TAMPA, FL 33624

TITLE: TSD
 NAME: HAROLD, PAUL Delete
 STREET ADDRESS: 11739 CARROLLWOOD COVE DRIVE
 CITY-ST-ZIP: TAMPA FL 33624

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: PD
 NAME: LIKE, JOHN Delete
 STREET ADDRESS: 11720 CARROLLWOOD COVE DRIVE
 CITY-ST-ZIP: TAMPA FL 33624

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
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 CITY-ST-ZIP: Change Addition

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TITLE: Delete
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 STREET ADDRESS: Change Addition
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TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *John N. Like* JOHN N. Like 04/20/06 813-908-3116