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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:22

DOCUMENT # 743549 (8)

1. Corporation Name

CARROLLWOOD VILLAGE PHASE II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4131 GUNN HWY
TAMPA FL 33624-4725

4131 GUNN HWY
TAMPA FL 33624-4725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1978

3a. Date of Last Report

02/11/1994

4. FEI Number

59-19774 18

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSKIEWICZ, DAN
4131 GUNN HWY
TAMPA FL 33624

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV
NAME	MILEY, JOHN
STREET ADDRESS	5043 PALOMA DR
CITY- ST- ZIP	TAMPA FL
TITLE	PD
NAME	MACKEY, CURTIS
STREET ADDRESS	14619 DARTMOOR PL
CITY- ST- ZIP	TAMPA, FL 00000
TITLE	TD
NAME	CORNELL, DOUG
STREET ADDRESS	14017 LAKE BLUFF CT
CITY- ST- ZIP	TAMPA FL
TITLE	SD
NAME	FRENCH, BONNIE
STREET ADDRESS	14001 MIDDLEPARK DR
CITY- ST- ZIP	TAMPA, FL 00000
TITLE	D
NAME	SWEARINGEN, JAY
STREET ADDRESS	13906 PEPPERRELL DR
CITY- ST- ZIP	TAMPA, FL 00000
TITLE	D
NAME	TINDELL, MARK
STREET ADDRESS	4302 SO PARK DR
CITY- ST- ZIP	TAMPA, FL 00000

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	TD ☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	PD ☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(d), 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 (changed, or on an attachment with an address).

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY SWEARINGEN

2/9/95

813-961-2203 x13