

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90032 007 ****61.25

DOCUMENT # N11302

1. Entity Name

ONE CARROLLWOOD PLACE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

9300 N. 16TH ST
TAMPA FL 33612
US

Mailing Address

9300 N. 16TH ST
TAMPA FL 33612
US

54011403



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2654035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE VANGUARD MGMT GROUP
9300 N. 16TH ST
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

Janet Winfield

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

9300 N. 16th St.

City

Tampa

FL

Zip Code

33612

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

Janet S. Winfield

Janet S. Winfield

2-3-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE SD
NAME YORK, MIKE ☐ Delete
STREET ADDRESS 3806 GUNN HIGHWAY
CITY-ST-ZIP TAMPA FL 33624

TITLE TD
NAME PROVENZANO, PHIL ☐ Delete
STREET ADDRESS 3818 GUNN HIGHWAY
CITY-ST-ZIP TAMPA FL

TITLE PD
NAME JOHNSON, WILLIAM C ☐ Delete
STREET ADDRESS 3804 GUNN HWY.
CITY-ST-ZIP TAMPA FL

TITLE A
NAME WINFIELD, JANET ☐ Delete
STREET ADDRESS 9300 N. 16ST
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

William C. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

2-18-04

813-265-1717

Date

Daytime Phone #