

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11302

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** ONE CARROLLWOOD PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3804 GUNN HWY, SUITE B  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7696  
ST. PETERSBURG, FL 33734 US

**New Mailing Address:**

**FEI Number:** 59-2654035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARUSO, GERALD M AGENT  
1430 56TH AVENUE NORTH  
ST. PETERSBURG, FL 33703 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: PROVENZANO, PHIL VPD  
Address: 3818 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: YORK, MIKE D  
Address: 3806 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: PSD  
Name: DAMMERS, ROBERT PSD  
Address: 3804 GUNN HWY, SUITE B  
City-St-Zip: TAMPA, FL 33618

Title: TD  
Name: WILHITE, SARAH TD  
Address: 3812 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GERALD M. CARUSO

AGT

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date