

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723443

**FILED**  
**Feb 24, 2014**  
**Secretary of State**  
**CC6710080836**

**Entity Name:** CARROLLWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4131 GUNN HWY.  
TAMPA, FL 33618

**Current Mailing Address:**

4131 GUNN HWY.  
TAMPA, FL 33618

**FEI Number: 59-1453009**

**Certificate of Status Desired: No**

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

TANKEL, ROBERT L  
1022 MAIN STREET STE D  
DUNEDIN, FL 34698 US

*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

**Officer/Director Detail :**

Title D  
Name CHATTERTON, CAMMIE  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title DV  
Name RAO, DIANA  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title D  
Name THORNTON, W. MICHAEL  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title DS  
Name PHELAN, FRANK  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title DT  
Name OVERFIELD, KELLY  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title PD  
Name WOLTMANN, RICHARD  
Address 4131 GUNN HWY  
City-State-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: RICHARD WOLTMANN**

**PD**

**02/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date