

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730194

**Entity Name:** CARROLLWOOD VILLAGE NORTHMEADOW CLUSTER  
HOUSES CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 12, 2023**  
**Secretary of State**  
**5872620411CC****Current Principal Place of Business:**4131 GUNN HWY  
TAMPA, FL 33618**Current Mailing Address:**4131 GUNN HWY  
TAMPA, FL 33618**FEI Number: 59-1632817****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FRISCIA & ROSS, P.A.  
5550 W. EXECUTIVE DR.  
250  
TAMPA, FL 33609 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: FRANCIS E. FRISCIA****04/12/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	HOOKER, ROY
Address	4131 GUNN HWY
City-State-Zip:	TAMPA FL 33618

Title	ST
Name	MENENDEZ, MERCY
Address	4131 GUNN HWY
City-State-Zip:	TAMPA FL 33618

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

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

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

Title	PRESIDENT
Name	TOMPKINS, PAMELA
Address	4131 GUNN HWY
City-State-Zip:	TAMPA FL 33618

Title	D
Name	ANGLIN, JUDY
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: PAMELA TOMPKINS****PRESIDENT****04/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date