

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750476

**FILED**  
**Apr 03, 2018**  
**Secretary of State**  
**CC4163541310**

**Entity Name:** THE TOWNHOMES OF CARROLLWOOD VILLAGE  
CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

CONDOMINIUM ASSOCIATES  
2019 OSPREY LANE  
LUTZ, FL 33549

**Current Mailing Address:**

CONDOMINIUM ASSOCIATES  
2019 OSPREY LANE  
LUTZ, FL 33549 US

**FEI Number: 59-2033341**

**Certificate of Status Desired: No**

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

SHUMAKER LOOP & KENDRICK LLP  
101 E. KENNEDY BOULEVARD  
SUITE 2800  
TAMPA, FL 33602 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: MONICA JOHNSON**

**04/03/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PASCUCCI, PETER  
Address        CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

Title            DIRECTOR  
Name            CASON, TONI  
Address        CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

Title            VP  
Name            ELLENBERG, MARCIA  
Address        CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

Title            TREASURER  
Name            O'MALLEY, REBECCA  
Address        CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

Title            DIRECTOR  
Name            BENNING, BEN  
Address        CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

Title            SECRETARY  
Name            SUDDRETH, WILLIS  
Address        CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

*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: PETER PASCUCCI**

**PRESIDENT**

**04/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date