

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750476

**Entity Name:** THE TOWNHOMES OF CARROLLWOOD VILLAGE  
CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**6719877982CC****Current Principal Place of Business:**WESTCOAST MANAGEMENT  
4917 EHRLICH RD, SUITE 104  
TAMPA, FL 33624**Current Mailing Address:**WESTCOAST MANAGEMENT  
4917 EHRLICH RD, SUITE 104  
TAMPA, FL 33624 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****04/18/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	PASCUCCI, PETER
Address	WESTCOAST MANAGEMENT 4917 EHRLICH RD, SUITE 104
City-State-Zip:	TAMPA FL 33624

Title	TREASURER
Name	CASON, TONI
Address	WESTCOAST MANAGEMENT 4917 EHRLICH RD, SUITE 104
City-State-Zip:	TAMPA FL 33624

Title	VP
Name	SUDDRETH, WILLIS
Address	WESTCOAST MANAGEMENT 4917 EHRLICH RD, SUITE 104
City-State-Zip:	TAMPA FL 33624

Title	DIRECTOR
Name	BENNING, VALE
Address	WESTCOAST MANAGEMENT 4917 EHRLICH RD, SUITE 104
City-State-Zip:	TAMPA FL 33624

Title	SECRETARY
Name	GAINSBURG, THERESA
Address	WESTCOAST MANAGEMENT 4917 EHRLICH RD, SUITE 104
City-State-Zip:	TAMPA FL 33624

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****04/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date