

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

DOCUMENT# 759304

**FILED**  
**Apr 03, 2014**  
**Secretary of State**  
**CC2540429864**

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

**Current Principal Place of Business:**

4917 EHRLICH ROAD SUITE 104  
TAMPA, FL 33624

**Current Mailing Address:**

4917 EHRLICH ROAD SUITE 104  
TAMPA, FL 33624 US

**FEI Number:** 59-2542868

**Certificate of Status Desired:** No

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

HELBIG, DENISE  
4917 EHRLICH ROAD SUITE 104  
TAMPA, FL 33624 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 T  
Name BERONDA, LINDA  
Address 4917 EHRLICH ROAD SUITE 104  
City-State-Zip: TAMPA FL 33624

Title P  
Name PAPADAKIS, DORA  
Address 4917 EHRLICH ROAD SUITE 104  
City-State-Zip: TAMPA FL 33624

Title S  
Name DAVIS, KATE  
Address 4917 EHRLICH ROAD SUITE 104  
City-State-Zip: TAMPA FL 33624

Title VP  
Name DELSORDO, MICHELE  
Address 4917 EHRLICH RD SUITE 104  
City-State-Zip: TAMPA FL 33624

Title DIRECTOR  
Name KAHLBAUGH, NAYDA  
Address 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:** DORA PAPADAKIS

**PRESIDENT**

**04/03/2014**

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

\_\_\_\_\_  
Date