

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11423

**FILED**  
**Mar 25, 2013**  
**Secretary of State**  
**CC4490041279**

**Entity Name:** CARPENTERS CREST OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

222 CARPENTERS WAY  
LAKELAND, FL 33805

**Current Mailing Address:**

P.O. BOX 5284  
LAKELAND, FL 33807

**FEI Number: 59-2734946**

**Certificate of Status Desired: No**

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

STANZ, DEANNA  
5121 S LAKELAND DDR  
SUITE 4  
LAKELAND, FL 33813 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 DP  
Name WOODS, SUSAN  
Address 222 CARPENTERS WAY #72  
City-State-Zip: LAKELAND FL 33805

Title DT  
Name ESPOSITO, BARNIE L  
Address 1047 EASTON DRIVE  
City-State-Zip: LAKELAND FL 33803

Title D  
Name COLEMAN, MARK  
Address 222 CARPENTERS WAY #14  
City-State-Zip: LAKELAND FL 33805

Title DVP  
Name WILLIAMS, LISA  
Address 1602 SKINNER STREET  
City-State-Zip: LAKELAND FL 33801

Title DS  
Name MCQUILLEN, MARY  
Address 222 CARPENTERS WAY UNIT #79  
City-State-Zip: LAKELAND FL 33805

Title D  
Name WESTBROOK, TINA  
Address 222 CARPENTERS WAY UNIT #61  
City-State-Zip: LAKELAND FL 33805

*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: SUSAN WOODS**

**PRESIDENT**

**03/25/2013**

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

\_\_\_\_\_  
Date