#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18476

Entity Name: CARILLON WOODS HOMEOWNERS' ASSOCIATION, INC.

**FILED** Apr 01, 2020 **Secretary of State** 4889505277CC

# **Current Principal Place of Business:**

C/O PRECEDENT HOSPITALITY 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762

# **Current Mailing Address:**

C/O PRECEDENT HOSPITALITY 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762 US

FEI Number: 59-2767642 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J PAVESE LAW FIRM 1833 HENDRY STREET FORT MYERS, FL 33901 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: CHRISTOPHER J SHIELDS

04/01/2020

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title **PRESIDENT** Title DIRECTOR

Name KEARNS, ANNE Name ANDERSON, ROBERT

C/O PRECEDENT HOSPITALITY C/O PRECEDENT HOSPITALITY Address Address 3001 EXECUTIVE DRIVE SUITE 260

3001 EXECUTIVE DRIVE SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title **SECRETARY** Title **TREASURER** Name BALLARD, JOHN Name MAHAN, RONALD

Address C/O PRECEDENT HOSPITALITY Address C/O PRECEDENT HOSPITALITY

3001 EXECUTIVE DRIVE SUITE 260 3001 EXECUTIVE DRIVE SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

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.