

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701229

1. Entity Name

CARROLWOOD CIVIC ASSOCIATION, INC.

Principal Place of Business

3515 MCFARLAND RD.
TAMPA FL 33618-3921

Mailing Address

3515 MCFARLAND RD.
TAMPA FL 33618-3921

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HAPNER, ELIZABETH
3045 S. PLANT AVE
TAMPA FL 33688

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P HAPNER, ELIZABETH ☐ Delete
NAME
STREET ADDRESS P O BOX 272998
CITY-ST-ZIP TAMPA FL 33618

TITLE VD SMITH, DIANE ☐ Delete
NAME
STREET ADDRESS 10923 ORANGE GROVE DR
CITY-ST-ZIP TAMPA FL 33618

TITLE TD ANTOINETTE ☒ Delete
NAME
STREET ADDRESS 3310 VALENCIA RD.
CITY-ST-ZIP TAMPA FL 33618

TITLE SD SHARGAA, JUDITH ☒ Delete
NAME
STREET ADDRESS 11709 PHOENIX CIRCLE
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ANTOINETTE J WHEAT ☐ Change ☒ Addition
NAME
STREET ADDRESS 2004 W. BUSCH BLVD
CITY-ST-ZIP TAMPA, FL 33612-7568

TITLE SD CURTIS MOREAU ☐ Change ☒ Addition
NAME
STREET ADDRESS 3004 SABAL ROAD
CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Elizabeth Hapner

4/30/01

(813) 932-2338

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91243 022 ****61.25

551629



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1025238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)