

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701229

1. Entity Name

CARROLWOOD CMC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3515 MCFARLAND RD.  
TAMPA FL 33618-3921

3515 MCFARLAND RD.  
TAMPA FL 33618-3921

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1025238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HAPNER, ELIZABETH  
3045 S. PLANT AVE.  
TAMPA FL 33688

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

TITLE ~~VP~~ ☒ Delete  
NAME SMITH, DIANE  
STREET ADDRESS 10923 ORANGE GROVE DR  
CITY-ST-ZIP TAMPA FL 33618

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

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

TITLE VP ☐ Delete  
NAME MARK SNEELGROVE  
STREET ADDRESS 11702 LIPSEY ROAD  
CITY-ST-ZIP TAMPA, FL 33618

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1. FILED  
Mar 07, 2002 8:00 am  
Secretary of State

01-16-2002 90193 039 \*\*\*\*\*61.25

16622



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)