

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 24, 2007
Secretary of State

DOCUMENT# 701229

Entity Name: CARROLLWOOD CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**3515 MCFARLAND RD.
TAMPA, FL 336183921**New Principal Place of Business:****Current Mailing Address:**3515 MCFARLAND RD.
TAMPA, FL 336183921**New Mailing Address:****FEI Number:** 59-1025238**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SNELLGROVE, MARK
11702 LIPSEY ROAD
TAMPA, FL 33618 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:****Title:** TD () Delete
Name: WHEAT, ANTOINETTE J
Address: 2004 W. BUSCH BLVD.
City-St-Zip: TAMPA, FL 336127568**Title:** P () Delete
Name: SNELLGROVE, MARK
Address: 11702 LIPSEY ROAD
City-St-Zip: TAMPA, FL 33618**Title:** VP () Delete
Name: TEMPEST, MARK
Address: 11323 CARROLLWOOD DRIVE
City-St-Zip: TAMPA, FL 33618**Title:** SEC () Delete
Name: SHEER, JAMIE
Address: 11307 CARROLLWOOD DRIVE
City-St-Zip: TAMPA, FL 33618**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** TD (X) Change () Addition
Name: MOREAU, CURTIS O
Address: 3004 SABAL ROAD
City-St-Zip: TAMPA, FL 33618**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CURTIS O. MOREAU

TD

09/24/2007

Electronic Signature of Signing Officer or Director_____
Date