## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 722245**

FILED Apr 30, 2005 Secretary of State

Entity Name: CARROLLBROOK PATIO TOWNHOUSES ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
1207 N HIM STE.3 TAMPA, FL		US				
Current Mailing Address:				New Mailing Address:		
1207 N HIM STE.3 TAMPA, FL		US				
FEI Number:	59-1562568	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and	Address o	of Current Registered Agent:		Name and	Address of New Registered Agent:	
UNIQUE PROPERTY SERVICES, INC 1207 N HIMES AVE. STE. 3 TAMPA, FL 33607 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:						
	Elect	ronic Signature of Registered Agen	it		Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD WALTER, B 3706 CARR TAMPA, FL	OLL BROOK ROAD		Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition VINES, LINDA 3708 CARROLL BROOK ROAD TAMPA, FL 33618	
Title: Name: Address: City-St-Zip:		( ) Delete RIAN, MICHELLE DLL BROOK ROAD 33618		Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition BUSLER, BETSY 10630 CARROLL BROOK LANE TAMPA, FL 33618	
Title: Name: Address: City-St-Zip:	VD ELARBEE, V 10603 CARI TAMPA, FL	ROLLBROOK LANE		Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition MILLER, DOROTHY 10626 CARROLLBROOK LANE TAMPA, FL 33618	
Title: Name: Address: City-St-Zip:	TD KOEHLER, 10607 CARI TAMPA, FL	ROLL BROOK LANE		Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition DOWNES,, ELEANOR 3702 CARROLL BROOK ROAD TAMPA, FL 33618	
Title: Name: Address: City-St-Zip:		( ) Delete		Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition MCCORMICK, GAYLE 3714 CARROLLBROOK ROAD TAMPA, FL 33618	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA VINES PD 04/30/2005