2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 722245

Entity Name: CARROLLBROOK PATIO TOWNHOUSES ASSOCIATION, INC.

Current Principal Place of Business:

1207 N HIMES AVE.
STE.3
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1207 N HIMES AVE.
STE.3
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-1562568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES, INC
1207 N HIMES AVE.
STE. 3
TAMPA, FL 33607 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: D ( ) Delete
Name: CORWIN, SCOTT
Address: 10609 CARROLLBROOK WAY
City-St-Zip: TAMPA, FL 33618

Title: TD ( ) Delete
Name: BUSLER, BETSY
Address: 10630 CARROLL BROOK LANE
City-St-Zip: TAMPA, FL 33618

Title: SD ( ) Delete
Name: MILLER, DOROTHY
Address: 10626 CARROLLBROOK LANE
City-St-Zip: TAMPA, FL 33618

Title: PD ( ) Delete
Name: DOWNES,, ELEANOR
Address: 3702 CARROLL BROOK ROAD
City-St-Zip: TAMPA, FL 33618

Title: VD ( ) Delete
Name: MCCORMICK, GAYLE
Address: 3714 CARROLLBROOK ROAD
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CORWIN, SCOTT
Address: 10609 CARROLLBROOK WAY
City-St-Zip: TAMPA, FL 33618

Title: VD (X) Change ( ) Addition
Name: ELERBEE, VERNON
Address: 10603 CARROLL BROOK LANE
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HERMAN, LUCY
Address: 10605 CARROLLBROOK LANE
City-St-Zip: TAMPA, FL 33618

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: SCOTT CORWIN PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date