

723443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

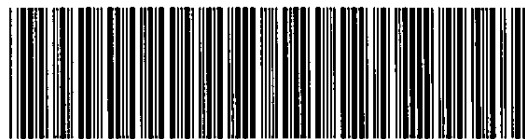
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/14--01018--019 **10.00

06/16/14--01014--021 **25.00

FILED
14 AUG 25 AM 9:15

RA Chang
DC
8/28/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2014

CARROLLWOOD VILLAGE HOMEOWNERS
4131 GUNN HIGHWAY
TAMPA, FL 33618

SUBJECT: CARROLLWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: 723443

We have received your document for CARROLLWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 414A00014069

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Carrollwood Village Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 723443

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Stephen Gardner

Name of Contact Person

Gardner Brewer Martinez-Monfort

Firm/Company

400 N. Ashley Dr., Ste. 1100

Address

Tampa, FL 33602

City/State and Zip Code

sgardner@gbmmlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dee Arthur

Name of Contact Person

at 813 221-9600

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
14 AUG 25 AM 7:39
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Carrollwood Village Homeowners Association, Inc.
2. The principal office address: 4131 Gunn Highway, Tampa, FL 33618
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/18/72 Document number: 723443
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert L. Tankel

1022 Main Street, Ste. D

Dunedin, FL 34698

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gardner Brewer Martinez-Monfort, P.A.

400 N. Ashley Drive, Ste. 1100

P.O. Box NOT acceptable

Tampa, FL 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Richard C. Woltmann, President CVHOA
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

J. Stephen Gardner
Signature of Registered Agent

8/18/14
Date

If signing on behalf of an entity:

J. STEPHEN GARDNER
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)