

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 725078 (0)

1. Corporation Name
CARROLLWOOD VILLAGE FAIRWAY TOWNHOUSES CONDOMINI UMS ASSOCIATION, INC

Principal Place of Business 4131 GUNN HIGHWAY TAMPA FL 33624	Mailing Address 4131 GUNN HIGHWAY TAMPA FL 33624
--	--

3. Date Incorporated or Qualified 12/21/1972		
4. FEI Number 59-1456773	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GREENACRE PROPERTIES, INC.
4131 GUNN HIGHWAY
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D ROSS BROWN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD Kathy Achorn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS BROWN		1.2 NAME	Kathy Achorn	
STREET ADDRESS	4215 FAIRWAY CIR.		1.3 STREET ADDRESS	4219 Fairway Cir	
CITY - ST - ZIP	TAMPA, FL 00000		1.4 CITY - ST - ZIP	Tampa, 33624	
TITLE	SD WHIDDEN, SHERYL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D Kathy Cornacchia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHIDDEN, SHERYL		2.2 NAME	Kathy Cornacchia	
STREET ADDRESS	4221 FAIRWAY CIRCLE		2.3 STREET ADDRESS	4221 Fairway Circle	
CITY - ST - ZIP	TAMPA FL		2.4 CITY - ST - ZIP	Tampa, FL	
TITLE	VD CORYELL, DON	<input type="checkbox"/> DELETE	3.1 TITLE	TD Don Coryell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORYELL, DON		3.2 NAME	Don Coryell	
STREET ADDRESS	4218 FAIRWAY RUN		3.3 STREET ADDRESS	4218 Fairway Run	
CITY - ST - ZIP	TAMPA FL		3.4 CITY - ST - ZIP	Tampa, 33624	
TITLE	PD BARDIN, JIM	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD Sheila Shaw	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARDIN, JIM		4.2 NAME	Sheila Shaw	
STREET ADDRESS	4226 FAIRWAY CIRCLE		4.3 STREET ADDRESS	4210 Fairway Cir	
CITY - ST - ZIP	TAMPA FL		4.4 CITY - ST - ZIP	Tampa 33624	
TITLE	TD BETH COPENHAVER	<input type="checkbox"/> DELETE	5.1 TITLE	VD Ross Brown	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETH COPENHAVER		5.2 NAME	Ross Brown	
STREET ADDRESS	4203 FAIRWAY CIR.		5.3 STREET ADDRESS	4215 Fairway Cir	
CITY - ST - ZIP	TAMPA FL		5.4 CITY - ST - ZIP	Tampa, 33624	
TITLE	D JUSTO, SHIRLEY	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Herb Schwartz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUSTO, SHIRLEY		6.2 NAME	Herb Schwartz	
STREET ADDRESS	4223 FAIRWAY CIRCLE		6.3 STREET ADDRESS	4207 Fairway Run	
CITY - ST - ZIP	TAMPA FL		6.4 CITY - ST - ZIP	Tampa, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathy Achorn*

2/5/98

CR2E037 (10/97)