


**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90496 022 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 725078</b>					
1. Entity Name CARROLLWOOD VILLAGE FAIRWAY TOWNHOUSES CONDOMINIUMS ASSOCIATION, INC					
Principal Place of Business 4131 GUNN HIGHWAY TAMPA, FL 33624		Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33624			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1456773	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
GREENACRE PROPERTIES, INC. 4131 GUNN HIGHWAY TAMPA, FL 33624		BECKER & POLIAKOFF, P.A. 2401 WEST BAY DRIVE, SUITE 414 LARGO FL 33770			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Ellen Hirsch de Haan, J.D.</i>		DATE 4/9/04			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	SD CORNACCIA, KATHY 4226 FAURWAT CIRCLE TAMPA, FL <del>33624</del> 33618	<input checked="" type="checkbox"/> Delete	TITLE	D HENRY JOHNSON 4215 FAIRWAY RUN TAMPA, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VPD BARDIN, JAMES 4226 FAIRWAY CIRCLE TAMPA, FL <del>33624</del> 33618	<input type="checkbox"/> Delete	TITLE	D ROSS BROWN 4215 FAIRWAY CIRCLE TAMPA, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D MOCK, ROGER 4213 FAIRWAY RUN TAMPA, FL <del>33624</del> 33618	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD ACHORN, KATHY 4219 FAIRWAY CIRCLE TAMPA, FL <del>33624</del> 33618	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD SWARZMAN, HERB 4207 FAIRWAY RUN TAMPA, FL <del>33624</del> 33618	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FLUGGE, PERRY 4212 FAIRWAY RUN TAMPA, FL <del>33624</del> 33618	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Carlson</i>		DATE 4/14/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

54039729



03082004 Chg-NP CR2E037 (10/03)

\$8.75 Additional Fee Required

4/9/04

4/14/04