


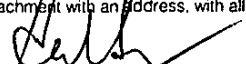
**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90229 015 \*\*\*\*61.25

**50020336**



<b>DOCUMENT # 725078</b>			
<b>1. Entity Name</b> CARROLLWOOD VILLAGE FAIRWAY TOWNHOUSES CONDOMINIUMS ASSOCIATION, INC			
<b>Principal Place of Business</b> 4131 GUNN HIGHWAY TAMPA, FL 33624		<b>Mailing Address</b> 4131 GUNN HIGHWAY TAMPA, FL 33624	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
		02092005 Chg-NP CR2E037 (10/03)	
		<b>4. FEI Number</b> 59-1456773	
		Applied For <input type="checkbox"/> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
BECKER & POLIAKOFF, P.A. 2401 WEST BAY DRIVE SUITE 41 LARGO, FL 33770		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE: D NAME: JOHNSON, HENRY STREET ADDRESS: 4215 FAIRWAY RUN CITY-ST-ZIP: TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE: D NAME: FRANK LAROSA STREET ADDRESS: 4201 FAIRWAY CIRCLE CITY-ST-ZIP: TAMPA, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: BARDIN, JAMES STREET ADDRESS: 4226 FAIRWAY CIRCLE CITY-ST-ZIP: TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE: D NAME: ROSS BROWN STREET ADDRESS: 4215 FAIRWAY CIRCLE CITY-ST-ZIP: TAMPA, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MOCK, ROGER STREET ADDRESS: 4213 FAIRWAY RUN CITY-ST-ZIP: TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: ACHORN, KATHY STREET ADDRESS: 4219 FAIRWAY CIRCLE CITY-ST-ZIP: TAMPA, FL 33618	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: SWARZMAN, HERB STREET ADDRESS: 4207 FAIRWAY RUN CITY-ST-ZIP: TAMPA, FL 33618	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FLUGGE, PERRY STREET ADDRESS: 4212 FAIRWAY RUN CITY-ST-ZIP: TAMPA, FL 33618	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			