2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State
04-04-2007 90177 009 ****61.25

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01202007 Chg-NP CR2E037 (12/06)

DOCUMENT # 725079

1. Entity Name
CARROLLWOOD VILLAGE CYPRESS CLUSTER HOUSES CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14203 CYPRESS TERRACE TAMPA, FL 33618 US	PO BOX 271178 TAMPA, FL 33688 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4003 Cypress Lane	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33618 Country: US	Zip Country

4. FEI Number: 59-1456772 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCMILLEN, MARY MARGARET 14203 CYPRESS TERRACE TAMPA, FL 33618	Name: Dale Nederhoff Street Address (P.O. Box Number is Not Acceptable): 4003 Cypress Lane City: Tampa FL Zip Code: 33618

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: [signature] 4-1-2007
Signature required when reinstating (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCMILLIAN, MARY MARGARET 14203 CYPRESS TERRACE TAMPA, FL 33634	☒ XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Dale Nederhoff 4003 Cypress Lane Tampa, FL 33618 ☐ Change ☒ XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SEIBERT, MARGARET 14211 CYPRESS TERR TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DURST, KEN 14227 CYPRESS CIR TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAMMEROFF, ALVIN 14223 CYRPESS CIR TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIET, DYNAWAY 14103 CYPRESS RUN TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARABURD, HERBERT 14203 CYPRESS CIR TAMPA, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

813-870-6270

SIGNATURE: [signature] AL HAMMEROFF TRES 4-1-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #