2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2010
Secretary of State

DOCUMENT# 725079

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

Current Principal Place of Business:

14105 CYPRESS CIRCLE
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 271178
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 59-1456772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEDEWA, PATRICA
14105 CYPRESS CIRCLE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FEDEWA, PATRICA
Address: 14105 CYPRESS CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: SD
Name: SEIBERT, MARGARET
Address: 14211 CYPRESS TERR
City-St-Zip: TAMPA, FL 33618

Title: VPD
Name: DURBIN, RICHARD
Address: 14201 CYPRESS TERRACE
City-St-Zip: TAMPA, FL 33618

Title: TD
Name: HAMEROFF, ALVIN
Address: 14223 CYRPESS CIR
City-St-Zip: TAMPA, FL 33618

Title: D
Name: NELMARIE, CASEY
Address: 14115 CYPRESS RUN
City-St-Zip: TAMPA, FL 33618

Title: D
Name: HARABURD, HERBERT
Address: 14203 CYPRESS CIR
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALVIN I HAMEROFF DT 02/22/2010

Electronic Signature of Signing Officer or Director Date