


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90095 002 ****61.25

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| DOCUMENT # 726224 |  |
| 1. Entity Name CARROLLWOOD VILLAGE GREENFIELD MIDRISES CONDOMINIUMS ASSOCIATION, INC. | |

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| Principal Place of Business C/O GREENACRE PROPERTIES, INC. 4131 GUNN HWY TAMPA, FL 33624 | Mailing Address C/O GREENACRE PROPERTIES, INC. 4131 GUNN HWY TAMPA, FL 33624 |
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| 2. Principal Place of Business Condominium Associates Suite/Apt. #, etc. 270 City & State Tampa Zip 33602 Country FL | 3. Mailing Address 777 Harbour Island Blvd Suite, Apt. #, etc. City & State FLA Zip 33602 Country |
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03152006 Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-1452873 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MEZER, STEVEN 220 N FRANKLIN STREET DON CORYELL? TAMPA, FL 33602 | 7. Name and Address of New Registered Agent Name CONDOMINIUM ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 777 S. HARBOUR ISLAND BLVD., #270 City TAMPA FL Zip Code 33602 |
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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.

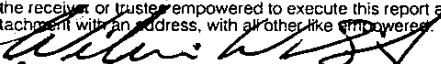
SIGNATURE  **RICHARD CANTO, LCAM**
PROPERTY MANAGER

(NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HAGGERTY, BILL 13626 GREENFIELD DR #406 TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DICKSON, DARLENE 13626 GREENFIELD DRIVE, #503 TAMPA, FL 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOWERS, PHIL 13620 GREENFIELD DR. #105 TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP EVENSEN, ROY 13626 GREENFIELD DRIVE, #304 TAMPA, FL 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MICHAELSON, LORNA 13618 GREENFIELD DR#403 TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS SMITH, BILL 13618 GREENFIELD DRIVE, #107 TAMPA, FL 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATHIAS, FRANK 13618 GREENFIELD DR #203 TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT DEMERIA, KAREN 13618 GREENFIELD DRIVE, #101 TAMPA, FL 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WOLIN, ALVIN 13618 GREENFIELD DR #307 TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOWERS, PHILLIP 13626 GREENFIELD DRIVE, #105 TAMPA, FL 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEANNA, MCCRANNIE 13618 GREENFIELD DR. #108 TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GONZALEZ, ANNA 13626 GREENFIELD DRIVE, #205 TAMPA, FL 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.

SIGNATURE:  **WILLIAM W. SMITH - SECRETARY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **03/21/06** Daytime Phone #: **813-961-3681**