2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # 726224 1. Entity Name CARROLLWOOD VILLAGE GREENFIELD MIDRISES CONDOMINIUMS ASSOCIATION, INC.					04-14-2008 90039 028 ****61.25			
Principal Plac CONDOMINIU SUITE 270 TAMPA, FL	im associate s	Mailing Address 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762	!	1 (00)) (40)0 (4)	Bras 11848 17811 818	4 V V 6 7 5 4 7	(1) 11 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (
1	Hace of Business - No P.O. Box #							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			hg-NP	CR2E037 (12/06)		
City & State	mparL	City & State		4. FEI Number 59-145287	'3	No	oplied For ot Applicable	
33bc	2 Hillsborough	Zip	Country	5. Certificate of St		S8.75 Add Fee Require		
	6. Name and Address of Current R	egistered Agent	Name	7: Name and Add	lress of New F	Registered Agent		
CONDOMINIUM ASSOCIATES 777 SOUTH HARBOUR ISLAND BLVD				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 270)							
I AWITA, T	. 33002		City			FL Zip Cod	в	
	named entity submits this statement for titions of registered agent.	he purpose of changing its re	egistered office or re	agistered agent, or both, in	the State of Fl	. –	and accept	
in oungar	ions or registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature	required when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	1	fake check payable trida Department of S		
10.	•	Trust Fund Cor		Added to Fees	Flo	• •	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE DP DICKSON, DARLENE 13626 GREENFIELD DR #503	Trust Fund Cor	ntribution. 11. TITLE	Added to Fees ADDITIONS/CHANG	ES TO OFFICE	rida Department of S RS AND DIRECTORS IN Change	tate	
TITLE NAME STREET ADDRESS	OFFICERS AND DIRE DP DICKSON, DARLENE	Trust Fund Col	ntribution. 11. TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG	ES TO OFFICE	rida Department of S RS AND DIRECTORS IN Change	tate	
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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:

SIGNATONE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-08

813-265-9594

Date

Daytime Phone #