

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90037 024 \*\*\*\*61.25

**DOCUMENT # 730194**

1. Entity Name  
**CARROLLWOOD VILLAGE NORTHMEADOW CLUSTER  
HOUSES CONDOMINIUM ASSOCIATION, INC.**



**Greenacre Properties, Inc.**  
**4131 Gunn Highway**  
**Tampa, FL 33618**

**enacre Properties, Inc.**  
**1 Gunn Highway**  
**ipa, FL 33618**



Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-1632817	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name and Address of New Registered Agent	
TANKEL, ROBERT L PA 1022 MAIN STREET STE D DUNEDIN, FL 34698				Francis E. Friscia, Esq. Meirose & Friscia, P.A. 500 N. Westshore Blvd. Suite 830 Tampa, FL 33609	
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				DATE 2/9/06	
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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, DJ		NAME	Hooker, Roy	
STREET ADDRESS	4175 NORTHMEADOW CIRCLE		STREET ADDRESS	4119 Northmeadow Circle	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	Tampa, FL 33618	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYO, JOAN		NAME	Jones, Richard	
STREET ADDRESS	4153 NORTHMEADOW CIRLE		STREET ADDRESS	4104 Northmeadow Circle	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	Tampa, FL 33618	
TITLE	TS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLENNAN, RALEIGH		NAME	Groves, Kay	
STREET ADDRESS	4154 NORTHMEADOW CIRCLE		STREET ADDRESS	4150 Northmeadow Circle	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	Tampa, FL 33618	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGS, PATRICIA		NAME	Hare, Curt	
STREET ADDRESS	4117 NORTHMEADOW CIR		STREET ADDRESS	4148 Northmeadow Circle	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	Tampa, FL 33618	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXLEY, CHUCK		NAME		
STREET ADDRESS	4127 NORTHMEADOW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARE, CURT		NAME		
STREET ADDRESS	4148 NORTH MEADOW CR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
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:				DATE 2/9/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	