

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90067 048 ****61.25

DOCUMENT # 730194							
1. Entity Name CARROLLWOOD VILLAGE NORTHMEADOW CLUSTER HOUSES CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business % GREENACRE PROPERTIES, INC 4131 GUNN HWY TAMPA, FL 33624		Mailing Address % GREENACRE PROPERTIES, INC 4131 GUNN HWY TAMPA, FL 33624					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-1632817 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required 01272007 Chg-NP CR2E037 (12/06)					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FRISCIA, FRANCIS E ESQ MEIROSE & FRISCIA, P.A. 500 N WESTSHORE BLVD SUITE 830 TAMPA, FL 33609			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City				
			FL Zip Code				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007		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							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOOKER, ROY		NAME	Hare, Curtis			
STREET ADDRESS	4119 NORTH MEADOW 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JONES, RICHARD		NAME	Parks, James			
STREET ADDRESS	4104 NORTH MEADOW CIR		STREET ADDRESS	4157 Northmeadow Circle			
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	Tampa, FL 33618			
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLENNAN, RALEIGH		NAME				
STREET ADDRESS	4154 NORTHMEADOW CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIGGS, PATRICIA		NAME				
STREET ADDRESS	4117 NORTHMEADOW CIR		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP				
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: <i>Curtis Hare</i> F. CURTIS HARE			Date: <i>2-9-07-8139615283</i>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>				