

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90833 045 \*\*\*\*61.25

<b>DOCUMENT # 731034</b> 1. Entity Name <b>CARROLLWOOD VILLAGE TWINLAKES TOWNHOUSES CONDOMINIUM ASSOCIATION INC.</b>					
Principal Place of Business <b>4131 GUNN HIGHWAY TAMPA, FL 33624</b>			Mailing Address <b>4131 GUNN HIGHWAY TAMPA, FL 33624</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip <b>33618</b>	Country	Zip <b>33618</b>	Country	4. FEI Number <b>59-1724498</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MEZER, STEVEN H 220 N. FRANKLIN STREET TAMPA, FL 33602</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALZONE, LINDA</b> <b>13631 TWINLAKES LANE</b> <b>TAMPA, FL 33618</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CLARK, ANNE</b> <b>13613 TWINLAKES LANE</b> <b>TAMPA, FL 33618</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Betty Hartman</b> <b>13619 Twinlakes Ln</b> <b>Tampa, Fl 33618</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KOPELMAN, BETTY</b> <b>13639 TWIN LAKES</b> <b>TAMPA, FL 33618</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Tampa, Fl 33618</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TURRELL, PATRICIA</b> <b>13641 TWINLAKES LANE</b> <b>TAMPA, FL 33618</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Patricia Jordan</b> <b>13635 Twinlakes Ln</b> <b>Tampa, Fl 33618</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAKEUROS, GEORGE</b> <b>13637 TWINLAKES LANE</b> <b>TAMPA, FL 33618</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRESSNER, ROBERT A</b> <b>13601 TWINLAKES LANE</b> <b>TAMPA, FL 33618</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <i>Betty S. Kopeleman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/27/07</b> Daytime Phone # <b>(813) 961-8411</b>		