



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90174 035 ****61.25

DOCUMENT # 734069 1. Entity Name CARROLLWOOD VILLAGE SWIM ASSOCIATION, INC.					
Principal Place of Business 13903 CLUBHOUSE DRIVE P.O. BOX 271225 TAMPA, FL 33624-2706				Mailing Address P.O. BOX 271225 TAMPA, FL 33688	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		


 01232005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1620925		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LYNCH, CAROL 821 CHAPMAN RD LUTZ, FL 33549		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 *Carol Lynch* *Carol Lynch* *2-10-05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2005	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			
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BICKOFF, DAWN		NAME	Sheridan, Maureen			
STREET ADDRESS	17106 LONGACRES LN		STREET ADDRESS	11804 Willow Point Way			
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	Tampa FL 33618			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LYNCH, CAROL		NAME				
STREET ADDRESS	821 CHAPMAN RD		STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOSTER, LINDA		NAME	Nelson, Janis			
STREET ADDRESS	15606 JERICHO DR		STREET ADDRESS	18408 Livingston Ave.			
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	Lutz FL 33559			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUELLER, SUSIE		NAME	Batten, Allison			
STREET ADDRESS	4325 CARROLLWOOD VILLAGE DR		STREET ADDRESS	10933 Juniperus Place			
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	Tampa FL 33618			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROCK, CINDY		NAME				
STREET ADDRESS	14020 WOLCOTT DR		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cynthia L. Brock* *Cynthia L. Brock* *2/22/05 (813) 962-7320*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #