

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90054 021 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1620925

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$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 **Linda Lewkowicz**

Street Address (P.O. Box Number is Not Acceptable)

15921 Knottingham

City **Lutz**

FL

Zip Code **33548**

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

Linda Lewkowicz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/7/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD
NAME LYNCH, CAROL ☐ Delete
STREET ADDRESS 821 CHAPMAN RD
CITY-ST-ZIP LUTZ, FL 33549

TITLE PD ☒ Change ☐ Addition
NAME Linda Lewkowicz
STREET ADDRESS 15921 Knottingham
CITY-ST-ZIP Lutz, FL 33548

TITLE TD ☐ Delete
NAME NELSON, JANIS
STREET ADDRESS 18408 LIVINGSTON AVENUE
CITY-ST-ZIP LUTZ, FL 33559

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BATTEN, ALLISON
STREET ADDRESS 10933 JUNIPERUS PLACE
CITY-ST-ZIP TAMPA, FL 33618

TITLE SD ☒ Change ☐ Addition
NAME Elaine Zambito
STREET ADDRESS 2509 Withy Court
CITY-ST-ZIP Tampa, FL 33618

TITLE TD ☐ Delete
NAME BROCK, CINDY
STREET ADDRESS 14020 WOLCOTT DR
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME DOBISH, DAWN
STREET ADDRESS 8527 TREE TOPS LAKE ROAD
CITY-ST-ZIP TAMPA, FL 33626

TITLE VD ☒ Change ☐ Addition
NAME Anne Whitaker
STREET ADDRESS 13730 Chestersall Dr.
CITY-ST-ZIP Tampa, FL 33624

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Cynthia L. Brink

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 962-7320