FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -2 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # **742717** **(2)**

1. Corporation Name

CARROLLWOOD MEADOWS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 270902 PO BOX 270902 TAMPA FL 33688-0902 US	P O BOX 270902 PO BOX 270902 TAMPA FL 33688-0902 US

3. Date Incorporated or Qualified: 05/05/1978
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1822220 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FUGIEL, T HENRY J
13902 PATHFINDER DR
TAMPA FL 33625

10. Name and Address of New Registered Agent

61 Name	Wilma M Dunn
62 Street Address (P.O. Box Number Is Not Acceptable)	13924 Farmington Blvd
63	
64 City	Tampa
65 State	FL
Zip Code	33625

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Wilma Dunn — Wilma Dunn, Treasurer — 4-25-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	T	☒ Change ☐ Addition
NAME	FUGIEL, HENRY J	12 NAME	Wilma Dunn	
STREET ADDRESS	13902 PATHFINDER DR	13 STREET ADDRESS	13924 Farmington Blvd	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33625	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	LEONDARD, RANDALL	22 NAME		
STREET ADDRESS	14105 ESTLAND LANE	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	FRGIEL, JACQUELINE C	32 NAME	John Sulpizi	
STREET ADDRESS	13902 PATHFINDER DR	33 STREET ADDRESS	14117 Bardsdale Lane	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Tampa, FL 33625	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	CZTERNASTEK, RICHARD	42 NAME		
STREET ADDRESS	14038 ARBOR KNOLL DR	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	FULGHUM, LIZ	52 NAME	Betsy Capito	
STREET ADDRESS	14308 KNOLLRIDGE	53 STREET ADDRESS	13913 Pathfinder Dr	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	Tampa, FL 33625	
TITLE	P	61 TITLE	P	☒ Change ☐ Addition
NAME	FULGHUM, FRANK	62 NAME	William J Capito	
STREET ADDRESS	14308 KNOLLRIDGE	63 STREET ADDRESS	13913 Pathfinder Dr	
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	Tampa, FL 33625	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wilma Dunn — 4-25-95 — 813-265-2282
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Wilma M Dunn, Treasurer

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