SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 SEP 16 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742717 (2)

1. Corporation Name
CARROLLWOOD MEADOWS HOMEOWNERS ASSOCIATION, INC.

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: 06/02/1995
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
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

DUNN, WILMA M
13924 FARMINGTON BLVD
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name: Randall Leonard
82 Street Address (P.O. Box Number is Not Acceptable): 14105 Eastland Lane
83
84 City: Tampa **FL** 85 Zip Code: 33625

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Randall Leonard — Signature, typed or printed name of registered agent and title if applicable
Randall Leonard — (NOTE: Registered Agent signature required when reinstating)
8/2/96 — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DUNN, EILMA		1.2 NAME	Judi Allee	
STREET ADDRESS	13924 FARMINGTON BLVD		1.3 STREET ADDRESS	13917 Pathfinder Dr	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33625	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LEONDARD, RANDALL		2.2 NAME	Randall Leonard	
STREET ADDRESS	14105 ESTLAND LANE		2.3 STREET ADDRESS	900001958889	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	09/27/96-01037-002	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SULPIZI, JOHN		3.2 NAME	Lee Fulghum	*****61.25 *****61.25
STREET ADDRESS	14117 BARSDALE LANE		3.3 STREET ADDRESS	14103 La Mesa Ct	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa FL 33625	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	CZTERNASTEK, RICHARD		4.2 NAME		
STREET ADDRESS	14038 ARBOR KNOLL DR		4.3 STREET ADDRESS	14105 Eastland Lane	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	CAPITO, BETSY		5.2 NAME	Charles Welch	
STREET ADDRESS	13913 PATHFINDER DR		5.3 STREET ADDRESS	4908 Crofton Way	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Tampa FL 33625	
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CAPITO, WILLIAM J		6.2 NAME		
STREET ADDRESS	13913 PATFINDER DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (3/96)

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)(k), 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: Randall Leonard — 9/7/96 — 8139685732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00122617