2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State
07-22-2004 90002 024 ****61.25

DOCUMENT # 742717

1. Entity Name
CARROLLWOOD MEADOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13926 FARMINGTON BLVD. TAMPA, FL 33625 US	13926 FARMINGTON BLVD. TAMPA, FL 33625 US

07162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
PO Box 341363	PO Box 341363
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33694-1363 Country: US	Zip: 33694-1363 Country: US

4. FEI Number: 59-1822220 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FREDERICKS, SANDRA L
13926 FARMINGTON BLVD.
TAMPA, FL 33625-6433

7. Name and Address of New Registered Agent

Name: MARK S. LANZILLO
Street Address (P.O. Box Number is Not Acceptable): 13910 BRIDGEPORT DR
City: TAMPA FL Zip Code: 33625

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: _____ 7-19-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARIE TAFT, ANNE 5110 CARROLLWOOD MEADOWS DR TAMPA, FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FREDERICKS, SANDY 13926 FARMINGTON BLVD TAMPA, FL 33625	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY KIM ZARBO 14313 CHAPARREL TAMPA, FL 33625	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBINSON, CHRIS 5435 RIPPLE CREEK DR TAMPA, FL 33625	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT GARY SURIS 14305 FARMINGTON BLVD TAMPA, FL 33625	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DABBS, BETTY 13910 COUNTRY COURT DR TAMPA, FL 33625	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MARK LANZILLO 13910 BRIDGEPORT DR TAMPA, FL 33625	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNCAN, THOMAS 14102 LA MESA CT TAMPA, FL 33625	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOHN McCARTHY 14110 EASTLAND TAMPA, FL 33625	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREDERICKS, DAVE 13926 FARMINGTON BLVD TAMPA, FL 33625	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DEBORAH HOGAN 5011 CARROLLMEADOW DR TAMPA, FL 33625	☑ Change ☐ Addition

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: _____ 7-19-04 813-960-3946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #