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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 743549 (8)

1. Corporation Name

CARROLLWOOD VILLAGE PHASE II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4131 GUNN HWY  
TAMPA FL 33624-4725

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TAMPA FL 33624-4725

3. Date Incorporated or Qualified  
07/11/1978

3a. Date of Last Report  
02/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1977418

Applied For  
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSKIEWICZ, DAN  
4131 GUNN HWY  
TAMPA FL 33624

81 Name

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

83

84 City

FL

85 Zip Code

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

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 DV  DELETE  
NAME MILEY, JOHN  
STREET ADDRESS 5043 PALOMA DR  
CITY-ST-ZIP TAMPA FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME MACKEY, CURTIS  
STREET ADDRESS 14619 DARTMOOR PL  
CITY-ST-ZIP TAMPA, FL 00000

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME CORNELL, DOUG  
STREET ADDRESS 14017 LAKE BLUFF CT  
CITY-ST-ZIP TAMPA FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME FRENCH, BONNIE  
STREET ADDRESS 14001 MIDDLEPARK DR  
CITY-ST-ZIP TAMPA, FL 00000

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME SWEARINGEN, JAY  
STREET ADDRESS 13906 PEPPERRELL DR  
CITY-ST-ZIP TAMPA, FL 00000

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME TINDELL, MARK  
STREET ADDRESS 4302 SO PARK DR  
CITY-ST-ZIP TAMPA, FL 00000

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplement to an 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 officer or director 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
JOHN MILEY

1/15/97 (813) 961-2203

Date

Daytime Phone # 0048711

CR2E037 (9/96)