

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90020 046 ****61.25

DOCUMENT # 743549
 1. Entity Name
CARROLLWOOD VILLAGE PHASE II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 4131 GUNN HWY
 TAMPA, FL 33624-4725

Mailing Address
 4131 GUNN HWY
 TAMPA, FL 33624-4725

54032855



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03162004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1977418

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RUSKIEWICZ, DAN
 4131 GUNN HWY
 TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name **TANKEL, ROBERT L**

Street Address (P.O. Box Number is Not Acceptable)
1022 MAIN ST. SUITE D

City **DUNEDIN** FL Zip Code **34698**

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 **Robert Tankel** DATE **4/9/04**

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 May 1, 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

TITLE	CPD	<input type="checkbox"/> Delete
NAME	MILEY, JOHN	
STREET ADDRESS	5043 PALOMA DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SALYERS, PHILIP	
STREET ADDRESS	13916 PEPPERRELL DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORNELL, DOUG	
STREET ADDRESS	13014 N DALE MARBY #270	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HANSON, JOSEPH	
STREET ADDRESS	14020 LAKE BLUFF CT	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAVIET, ELWIN	
STREET ADDRESS	5032 PALOMA DRIVE	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	TINDELL, MARK	
STREET ADDRESS	4302 SO PARK DR	
CITY-ST-ZIP	TAMPA, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINOR, HOLLY	
STREET ADDRESS	14802 ST. IVES PL	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANAHER, SHAWN	
STREET ADDRESS	13520 CLUBSIDE DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNETSCH, KELLY	
STREET ADDRESS	13911 MIDDLE PARK DR	
CITY-ST-ZIP	TAMPA, FL 33624	

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 a signature, and is empowered.

SIGNATURE: **PRESIDENT** DATE **3/30/04** (813) 962-0214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day/Time Phone #