


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90025 044 ****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**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01142006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1977418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TANKEL, ROBERT L 1022 MAIN ST STE D DUNEDIN, FL 34698		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	MILEY, JOHN 5043 PALOMA DR TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE D	CROUSE JAMES 13911 WELLESFORD WAY TAMPA, FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	HOLLY, MINOR 14802 ST IVES PL TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE D	CHANDLER, VAN 13504 CLUBSIDE DR TAMPA, FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD	CORNELL, DOUG 13014 N DALE MARBY #270 TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE D	KNETSCH, KELLY 13911 MIDDLE PARK DR TAMPA, FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	HANSON, JOSEPH 14020 LAKE BLUFF CT TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DCP	SAVIET, ELWIN 5032 PALOMA DRIVE TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	TINDELL, MARK 4302 SO PARK DR TAMPA, FL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Elwin L. Saviet **ELWIN L. SAVIET PRESIDENT 1/31/06 813-600-1100X113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #