

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90013 035 \*\*\*\*61.25

**DOCUMENT # 743549**

1. Entity Name  
**CARROLLWOOD VILLAGE PHASE II HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**4131 GUNN HWY  
TAMPA, FL 33618**

Mailing Address  
**4131 GUNN HWY  
TAMPA, FL 33618**

**40019390**



01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-1977418**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required.**

6. Name and Address of Current Registered Agent

**TANKEL, ROBERT L  
1022 MAIN ST  
STE D  
DUNEDIN, FL 34698**

7. Name and Address of New Registered Agent

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

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, 2008**

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 **D** ☐ Delete  
NAME **MILEY, JOHN**  
STREET ADDRESS **5043 PALOMA DR**  
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **SD** ☒ Delete  
NAME **HOLLY, MINOR**  
STREET ADDRESS **14802 ST IVES PL**  
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **D** ☐ Delete  
NAME **CORNELL, DOUG**  
STREET ADDRESS **13014 N DALE MARBY #270**  
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **TD** ☐ Delete  
NAME **HANSON, JOSEPH**  
STREET ADDRESS **14020 LAKE BLUFF CT**  
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **D** ☐ Delete  
NAME **SAVIET, ELWIN**  
STREET ADDRESS **5032 PALOMA DRIVE**  
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **D** ☐ Delete  
NAME **TINDELL, MARC**  
STREET ADDRESS **4302 SO PARK DR**  
CITY-ST-ZIP **TAMPA, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Michael Powers**  
STREET ADDRESS **4406 Endicott Pl**  
CITY-ST-ZIP **Tampa, FL 33624**

TITLE **DV** ☐ Change ☒ Addition  
NAME **Richard McLaurin**  
STREET ADDRESS **4317 Middle Lake Dr**  
CITY-ST-ZIP **Tampa, FL 33624**

TITLE **DS** ☐ Change ☒ Addition  
NAME **James Crouse**  
STREET ADDRESS **13911 Wellesford Way**  
CITY-ST-ZIP **Tampa, FL 33624**

TITLE **D** ☐ Change ☒ Addition  
NAME **Van Chandler**  
STREET ADDRESS **13504 Clubside Dr**  
CITY-ST-ZIP **Tampa, FL 33624**

TITLE **DP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Elwin L. Saviet* **ELWIN L. SAVIET** 1/28/08 813-962-0555