# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 24, 2009**
**Secretary of State**

DOCUMENT# 744663

**Entity Name:** CARROLLWOOD PINES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11716 WESSON CIRCLE
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

11716 WESSON CIRCLE
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number: 59-1833337** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

MANWONE, RALPH P
201 N FRANKLIN ST STE 2600
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: DELERNA, LINDSEY
Address: 11716 WESSON CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: VPD ( ) Delete
Name: REY, ALEIANDRO
Address: 11714 WESSON CIR. W
City-St-Zip: TAMPA, FL 33618

Title: T ( ) Delete
Name: WHISMAN, JANE
Address: 11731 WESSON CIRCLE E
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: DELERNA, LINDSLEY
Address: 11716 WESSON CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change ( ) Addition
Name: MELASON, DON
Address: 11728 WESSON CIRCLE E
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELERNA LINDSLEY PRES 08/24/2009

Electronic Signature of Signing Officer or Director — Date