

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:06

DOCUMENT # **753458** (9)

1. Corporation Name

**CARROLLWOOD VILLAGE PHASE III HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4131 GUNN HIGHWAY  
TAMPA FL 33624

4131 GUNN HIGHWAY  
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/23/1980</b>	3a. Date of Last Report <b>03/07/1994</b>
4. FEI Number <b>59-2186993</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENACRE PROPERTIES C/O D.F. RUSKIEWICZ  
4131 GUNN HIGHWAY  
TAMPA FL 33624**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<b>SD</b>
NAME	<b>DAVIS, MORRIS</b>	1.2 NAME	<b>CHRISTINE HARTNETT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5014 BARROWE DR.</b>	1.3 STREET ADDRESS	<b>5304 RIDGEWELL CT</b>
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	1.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>
TITLE	<b>TD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGGINS, JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>5004 CHATTAM LN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLAH, ROBERT</b>	3.2 NAME	<b>SILAH</b>
STREET ADDRESS	<b>5022 BARROWE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, BILL</b>	4.2 NAME	<b>JOSE MARTINEZ</b>
STREET ADDRESS	<b>14105 HOLLINGSFARE PL</b>	4.3 STREET ADDRESS	<b>5037 CYPRESS TRACE DR</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>
TITLE	<b>VD</b>	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINK, RICHARD</b>	5.2 NAME	<b>PATRICIA BOULIGNY</b>
STREET ADDRESS	<b>14018 WOLCOTT DR.</b>	5.3 STREET ADDRESS	<b>13604 LYTTON WAY</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>
TITLE	<b>PCD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBS, GERALD</b>	6.2 NAME	
STREET ADDRESS	<b>14114 VILLAGE VIEW DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 receiver or trustee 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 therewith as indicated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

*Robert Fink*

1/27/95

813-961-2203

Date

Telephone Area #