FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

1996

DOCUMENT # 753458

(9)

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							
						3. Date Incorporated or Qualified 07/23/1980		of Last F 2/06/19	
2. Principa' Place	of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number Applied For 59-2186993 Not Applicable			
21 Suite, Apt. #, 6	etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	¬ ' — — T		30	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	9. Name and Address of Curre		<u> </u>			10. Name and Address of New Registered Agent			
				81	Name				
GREENAC	re properties c/o d.f.ru	SKIEWICZ		62	Street Add	ress (P.O. Box Number is Not Acceptable	0)		
4131 GUNN HIGHWAY									
TAMPA FL 33624				83					
				84	City		FL	85 Zip	Code
l or registered	the provisions of Sections 617.050 agent, or both, in the State of Flor and accept the obligations of, Sec	rida. Such change was i	autnorizea by	above-i the corp	named corpo oration's boa	ration submits this statement for the purp and of directors. I hereby accept the appo نین	ose of char intment as r	egistered	egistered office agent I am
SIGNATURE s	nature, typed or printed name of registered age	nt and little if applicable	(NOTE: Reg	gisteria 1 Age	rt signature require	od when rehalating	DATE		
12.	OFFICERS AI	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	SD	D€i.	F1E	1 1 THILE] Change	Addition
NAME	HARTNETT, CHRISTINE			1.2 NAME					
STREET ADDRESS	5304 RIDGEWELL CT		Į.		FADDRESS				
CITY-ST-ZIP TITLE	TAMPA FL	DEL	FTF	1.4 CHY-1 2.1 THLE	ST - ZIP		T T	Change	Addition
NAME	TD HIGGINS, JAMES			2 2 NAME					_
STREET ADDRESS	5004 CHATTAM LN				1 ADDRESS				
CITY-ST-ZIP	TAMPA, FL 00000			2 4 CITY-	1				
TIFLE	VD	DEL	ETE	3 1 TITLE] Change	☐ Addition
NAME	SILAH, ROBERT			3.2 NAME					
STREET ADDRESS	5022 BARROWE DR.			33 STREE	T ADDRESS				
CiTY - S! - ZIP	TAMPA, FL 00000	DEL	CTC	34 CITY-	ST-ZIP		Г	Change	Addition
Title	D	∐∪٤١	EIE	41 TITLE 4 2 NAME				_j onunge	
NAME	MARTINEZ, JOSE 5037 CYPRESS TRACE DR				r address				
STREET ADDRESS	TAMPA FL			4.3 SMLL 4.4 CiTY -					
CITY-ST-ZIF TITLE	D	DEL	FTE	5 1 TITLE	w. #-11			Change	Addition
NAME	BOULIGNY, PATRICIA			52 NAME					
STREET ADDRESS	13604 LYTTON WAY			53STREE	T ADDRESS				
City-St-ZiP	TAMPA FL			5 4 CITY -	ST-ZIP			7.0	
TIFLE	PCD	□ DEI	ETE	61 TITLE				_] Change	☐ Addition
NAME	JACOBS, GERALD			62 NAME					
STREET ADDRESS	14114 VILLAGE VIEW DR.				T ADDRESS				
CITY-ST-ZIP	TAMPA FL	d with thin files in volum	tarily furniched	64 CITY-		for the exemption stated in Section 119.	07/3/k). Flor	ida Statul	tes Lfurther

19. I do needy certify that the information supplied with this annual report or supplied with the information indicated on this annual report or suppliemental 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 with an address.

SIGNATURE:

WHO TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Daytme Phone #