

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753458

1. Entity Name

CARROLLWOOD VILLAGE PHASE III HOMEOWNERS ASSOCIA

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90160 007 ****61.25

Principal Place of Business

Mailing Address

4131 GUNN HIGHWAY
 TAMPA FL 33624

4131 GUNN HIGHWAY
 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

4. FEI Number

59-2186993

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTNETT, CHRISTINE	
STREET ADDRESS	5304 RIDGEWELL CT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINS, JAMES	
STREET ADDRESS	5004 CHATTAM LN	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	ND	<input type="checkbox"/> Delete
NAME	SILAH, ROBERT	
STREET ADDRESS	5022 BARROWE DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCGARVEY, LYNN	
STREET ADDRESS	13610 DIAMOND HEAD, DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KELLER, ALLEN	
STREET ADDRESS	13709 ATTLEY PL	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	JACOBS, GERALD	
STREET ADDRESS	7716 BRETONWOOD DR	
CITY-ST-ZIP	TAMPA FL 33615	

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, CAROLYN	
STREET ADDRESS	13721 HALLIFORD DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, WILLIAM	
STREET ADDRESS	5006 CHATTAM LANE	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARAGAR, DAVID	
STREET ADDRESS	5039 BARROWE DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	YD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEMEH, PATRICIA	
STREET ADDRESS	14103 STONEGATE DR	
CITY-ST-ZIP	TAMPA, FL 33624	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Allen Keller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00 (813) 961-2203 x113
 Date Daytime Phone #

CR2E037 (9/99)