

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90041 008 ****61.25

DOCUMENT # 753458

1. Entity 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

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

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	VD	<input checked="" type="checkbox"/> Delete
NAME	STEELE, CAROLYN	
STREET ADDRESS	13721 HALLIFORD DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	WEST, WILLIAM	
STREET ADDRESS	5008 CHATTAM LN	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARAGAR, DAVID	
STREET ADDRESS	5039 BARROWE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<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	D	<input type="checkbox"/> Delete
NAME	NEEMEH, PATRICIA	
STREET ADDRESS	14103 STONEGATE DR	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRANJEC, RANDY	
STREET ADDRESS	14169 FENNSBURY DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, BARBARA	
STREET ADDRESS	5047 BARROWE DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NARDINI, AWILDA	
STREET ADDRESS	5102 BELEMERE PUY	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWTON, WARREN	
STREET ADDRESS	5312 RIDGEWELL CT	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

1/16/02

(813) 961-2203 x 113

CR2E037 (9/01)