


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90062 014 ****61.25

DOCUMENT # 753458

1. Entity Name
CARROLLWOOD VILLAGE PHASE III HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4131 GUNN HIGHWAY
 TAMPA, FL 33618**

Mailing Address
**4131 GUNN HIGHWAY
 TAMPA, FL 33618**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01042008 Chg-NP CR2E037 (12/06)

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
**TANKEL, ROBERT L
 1022 MAIN STREET
 STE D
 DUNEDIN, FL 34698**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____


Filing Fee is **\$61.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME SNADER, MARIA STREET ADDRESS 5362 ROLLINSFORD CT CITY - ST - ZIP TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete	TITLE D NAME Donald Hanto STREET ADDRESS 13716 Chestersall Dr Tampa, FL 33624 CITY - ST - ZIP Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PCD NAME WEST, WILLIAM STREET ADDRESS 5008 CHATTAM LN CITY - ST - ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE PD NAME William West STREET ADDRESS 5006 Chattam Ln Tampa, FL 33624 CITY - ST - ZIP Tampa, FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BARAGAR, DAVID STREET ADDRESS 5039 BAROWE DR CITY - ST - ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE D NAME Daniel Martucci STREET ADDRESS 5108 Bryn Mawr Dr Tampa, FL 33624 CITY - ST - ZIP Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME JORDAN, BARBARA STREET ADDRESS 5047 BAROWE DR CITY - ST - ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE TD NAME Suzanne Fernandez STREET ADDRESS 13806 Khilani Ct Tampa, FL 33624 CITY - ST - ZIP Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME KELLER, ALLEN STREET ADDRESS 13709 ATTLEY PL CITY - ST - ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE D NAME Carla Strobl STREET ADDRESS 14122 Riverstone Dr Tampa, FL 33624 CITY - ST - ZIP Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME NEEMEH, PATRICIA STREET ADDRESS 14103 STONEGATE DR CITY - ST - ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Suzanne Fernandez, Treasurer**

Date: **1/14/08** Daytime Phone #: **813-695-4479**