


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90228 020 \*\*\*\*61.25

**DOCUMENT # 753458**

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



Principal Place of Business      Mailing Address  
**4131 GUNN HIGHWAY**      **4131 GUNN HIGHWAY**  
**TAMPA FL 33624**      **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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	KRANJEC, RANDY	
STREET ADDRESS	14169 FENNSBURY 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 checked="" 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	VD	<input type="checkbox"/> Delete
NAME	NEEMEH, PATRICIA	
STREET ADDRESS	14103 STONEGATE DR	
CITY-ST-ZIP	TAMPA FL 33624	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, BARBARA	
STREET ADDRESS	5647 BARROWE DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input 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		

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: *Patricia R. Neemeh* **REQUIRES** *Patricia R. Neemeh* 1/16/03 813 961-2203x113

CR2E037 (10/02)

*Attachment*

753458

40007581

**ADDITIONS:**

**D**  
**Lawnton, Warren**  
**5312 Ridgeway Dr.**  
**Tampa, FL 33624**

**D**  
**Stafford, Don**  
**5055 Barrowe Dr.**  
**Tampa, FL 33624**

**D**  
**Martucci, Daniel**  
**5108 Bryn Mawr Dr.**  
**Tampa, FL 33624**

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