2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90074 030 ****61.25

DOCUMENT # 757116 1. Entity Name CARROTWOOD HOMEOWNERS ASSOCIATION, INC.							04-02-2007	7 90074 0	30 ****61	1.25	
15922 CARROTWOOD CIR. 15		1592	Mailing Address 15922 CARROTWOOD CIR DELRAY BEACH, FL 33484 US				20008269				
2. Principal Place of Business - No P.O. Box # 3. N			Mailing Address					1,1,1 1,6 1,1			
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01162007	Chg-NP	CR2E03	37 (12/06)		
City & State		City	City & State			4. FET Number 59-217	3420		<u> </u>	plied For t Applicable	
Zip	Country	Zip		Cou	untry	5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Curre	nt Registere	d Agent			7. Name and	Address of New	Registered A	Agent		
STEWADT	CEOPCE				Name						
STEWART, GEORGE 15922 CARROTWOOD CIR DELRAY BEACH, FL 33484				Street Add	dress (P.O. Box Numbe	er is Not Acceptab	le)				
					City				Zip Code		
					City			FL	· Zip Code	- <u></u>	
	named entity submits this statement tions of registered agent.	t for the purp	ose of changing its	register	ed office or re	egistered agent, or bot	th, in the State of F	lorida. Fam	familiar with,	and accept	
SIGNATURE	X										
SIGNATURE	/ : 										
SIGNATORE	Signature, typed or printed name of registered ag	ent and tille if app	licable (NOT)	E Registere	d Agent signature	required when reinslating)		DATE			
SIGNATURE	Signature, typed or printed name of registered aspecting. Fee is \$61.25 Due by May 1, 2007	ent and tille if app	9. Election Car Trust Fund C	mpaign F	Financing _	\$5.00 May B	7G	Make checi	c payable to		
10.	Filing Fee is \$61.25		9. Election Car	mpaign F	Financing	\$5.00 May B Added to Fees	7G	Make check orida Depar	tment of St	ate	
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Indicated on this report or supplier with an additional report is true and accurate against or signature shall have the same legal effect as if made under oath; that I am an discrete of the corporation or the receiver or trustee empowered to execute his 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 imposses.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR