# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 26, 2009**
**Secretary of State**

DOCUMENT# 757116

**Entity Name:** CARROTWOOD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

15934 CARROTWOOD CIRCLE
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

15934 CARROTWOOD CIRCLE
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

**FEI Number: 59-2173420** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIDGLEY, BARBARA
15934 CARROTWOOD CIRCLE
DELRAY BEACH, FL 33484 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete
Name: MONROE, JOE
Address: 5262 BREADFRUIT CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: POLLY, MEDOFF
Address: 15935 CARROTWOOD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: S ( ) Delete
Name: RIEGLER, DORIS
Address: 5261 BREREFRUIT CIR.
City-St-Zip: DELRAY BEACH, FL 33484

Title: P ( ) Delete
Name: RIDGLEY, BARBARA
Address: 15934 CARROTWOOD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP ( ) Delete
Name: TARTARO, ALMA
Address: 15939 CARROTWOOD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition
Name: ZUCKERMAN, CALVIN
Address: 5284 BREADFRUIT CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA RIDGLEY P 02/26/2009

Electronic Signature of Signing Officer or Director — Date