## 2006 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT



FILED Feb 27, 2006 8:00 am

Secretary of State

**DOCUMENT #760909** 02-27-2006 90076 039 \*\*\*\*61.25 CARROLLWOOD PLACE CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address C/O UNIVERSITY PROPERTIES INC C/O UNIVERSITY PROPERTIES INC 7001 TEMPLE TERRACE HWY 7001 TEMPLE TERRACE HWY TAMPA, FL 33637 TAMPA, FL 33637 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 CR2E037 (11/05) 4. FEI Number 59-2773040 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- 6. Name and Address of Current Registered Agent--7.-Name and Address of New Registered Agent -LEIB, PATRICIA S PA 420 W PLATT ST Street Address (P.O. Box Number is Not Acceptable) **TAMPA, FL 33606** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Defete TITLE ☐ Change ☐ Addition SMITH, DOROTHY NAME 3716 GREENERY CT #2-116 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP VD ☐ Delete TITLE TITLE ☐ Change ☐ Addition WOHL, WILLIAM NAME NAME STREET ADDRESS 9806 LOMBARD CT. #7-106 STREET ADDRESS TAMPA, FL 33618 CITY-ST-ZIP CITY-ST-ZIP TITLE TD Delete TITLE □ Change ☐ Addition BENITEZ, MICHAEL NAME NAME STREET ADDRESS 3713 CHAMPAGNE DR. #4-113 STREET ADDRESS CITY - ST - ZIP TAMPA, FL 33618 CITY-ST-ZIP TITLE SD ☐ Delete TITLE Addition ☐ Change SCIONTI, BETTIE NAME NAME STREET ADDRESS 3713 CHAMPAGNE DR #4-115 STREET ADDRESS TAMPA, FL 33618 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition LUTZ, GRISELDIS NAME NAME 3709 CHAMPAGNE DR. #4-213 STREET ADDRESS STREET ADDRESS **TAMPA, FL 33618** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE ■ Addition NAME

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.

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