

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760909

FILED
Jan 27, 2009
Secretary of State

Entity Name: CARROLLWOOD PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

AVID PROPERTY MANAGEMENT INC
3750 GUNN HIGHWAY SUITE 109
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

AVID PROPERTY MANAGEMENT INC
3750 GUNN HIGHWAY SUITE 109
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-2773040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIDE, AVELINO LCAM
3750 GUNN HIGHWAY
SUITE 15
TAMPA, FL 33618 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: D () Delete
Name: DIGERLANDO, JOSEPH
Address: 3750 GUNN HIGHWAY SUITE 109
City-St-Zip: TAMPA, FL 33618

Title: PD () Delete
Name: WOHL, WILLIAM
Address: 3750 GUNN HIGHWAY SUITE 109
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: WOITOWICZ, DAVID
Address: 3750 GUNN HIGHWAY SUITE 109
City-St-Zip: TAMPA, FL 33618

Title: TD () Delete
Name: GINEX, MARK
Address: 3750 GUNN HIGHWAY SUITE 109
City-St-Zip: TAMPA, FL 33618

Title: VPD () Delete
Name: LOZANDO, JENNIFER P
Address: 3750 GUNN HIGHWAY SUITE 109
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: AVELINO VIDE

MGR

01/27/2009

Electronic Signature of Signing Officer or Director

Date