

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760909

FILED
Jan 17, 2011
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:

11015 N DALE MABRY HWY
SUITE A
TAMPA, FL 33618 US

Current Mailing Address:

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

New Mailing Address:

11015 N DALE MABRY HWY
SUITE A
TAMPA, FL 33618 US

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:

VIDE, AVELINO
11015 N DALE MABRY HWY
SUITE A
TAMPA, FL 33618 US

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: AVELINO VIDE

01/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: DIGERLANDO, JOSEPH
Address: 11015 N DALE MABRY HWY SUITE A
City-St-Zip: TAMPA, FL 33618

Title: VP
Name: BARRON, ROBERT
Address: 11015 N DALE MABRY HWY SUITE A
City-St-Zip: TAMPA, FL 33618

Title: SD
Name: WOITOWICZ, DAVID
Address: 11015 N DALE MABRY HWY SUITE A
City-St-Zip: TAMPA, FL 33618

Title: TD
Name: GINEX, MARK
Address: 11015 N DALE MABRY HWY SUITE A
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: JOE DIGERLANDO

PD

01/17/2011

Electronic Signature of Signing Officer or Director

Date