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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 20 PM 2:16

DOCUMENT # 762114 (7)

1. Corporation Name

CARROLLWOOD SOUTH HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10911 AUTUMN OAK PL<br>10911 AUTUMN OAK PL<br>TAMPA FL 33624<br>US | 10911 AUTUMN OAK PL<br>10911 AUTUMN OAK PL<br>TAMPA FL 33624<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1982
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2286963 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

COLLINS, MICHAEL P
10911 AUTUMN OAK PL
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: Michael P. Collins
82 Street Address (P.O. Box Number is Not Acceptable): 10911 Autumn Oak Pl
83 City: Tampa
84 FL 85 Zip Code: 33624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael P Collins 3-1-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COLLINS, MICHAEL P | 1.2 NAME | | |
| STREET ADDRESS | 10911 AUTUMN OAK PL | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | | |
| TITLE | D | 2.1 TITLE | D TREASURER | ☒ Change ☒ Addition |
| NAME | KEYS, ANNETTE | 2.2 NAME | CAROLE COLLINS | |
| STREET ADDRESS | 10907 WINTER OAK DR. | 2.3 STREET ADDRESS | 10911 Autumn Oak Pl | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | Tampa, FL 33624 | |
| TITLE | ~~D~~ | 3.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | DOWDEN BECKY | 3.2 NAME | | |
| STREET ADDRESS | 10905 AUTUMN OAK DR. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | D S Donna Valenti | ☐ Change ☒ Addition |
| NAME | KEYS, DENNIS | 4.2 NAME | 4424 Summer Oak Dr | |
| STREET ADDRESS | 10907 WINTER OAK PL | 4.3 STREET ADDRESS | Tampa, FL 33624 | |
| CITY-ST-ZIP | TAMPA, FL 00000 | 4.4 CITY-ST-ZIP | | |
| TITLE | ~~VD~~ | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | CURTIN, TIM | 5.2 NAME | | |
| STREET ADDRESS | 10909 WINTER OAK DR. | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 00000 | 5.4 CITY-ST-ZIP | | |
| TITLE | DS | 6.1 TITLE | VD | ☐ Change ☒ Addition |
| NAME | SIMMONS, CYNTHIA | 6.2 NAME | Jeff Simmons | |
| STREET ADDRESS | 4441 SUMMER OAK DR. | 6.3 STREET ADDRESS | 4441 Summer Oak Dr | |
| CITY-ST-ZIP | TAMPA, FL 00000 | 6.4 CITY-ST-ZIP | Tampa, FL 33624 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael P Collins 3-1-95 (813) 933-8282
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0014664