changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25, 2000 8:00 am Secretary of State DOCUMENT # 762114 1. Entity Name CARROLLWOOD SOUTH HOMEOWNERS ASSOCIATION, INC. 01-19-2000 90102 016 ****61.25 Principal Place of Business Mailing Address 10911 AUTUMN OAK PL 10911 AUTUMN OAK PL 10911 AUTUMN OAK PL. 10911 AUTUMN OAK PL TAMPA FL 33624-5301 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address 10909 Autums Oak Pl 10909 Autumn Oak Pl Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2286963 Tampa, Not Applicable rampa \$8.75 Additional Zip Country 5. Certificate of Status Desired usA33620 usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mancilla David Street Address (P.O. Box Number is Not Acceptable) COLLINS, MICHAEL P. 10911 AUTUMN OAK PLACE Place 10909 Autumo Oak **TAMPA FL 33624** Zip Code 33624 Tampa, 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. SIGNATURE name of registered agent and trile if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Vice- President (66/6)Addition TITLE Delete TITLE ☐ Change Russ Pratt collins, Michael P NAME NAME 10905 Autumn Oak Place **CR2E037** STREET ADDRESS STREET ADDRESS 10911 AUTUMN OAK PL Tampa, FL 33624 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Treasurer ☐ Change Dalete TITLE TITLE TD Jennifer Theodore COLLINS, CAROLE NAME NAME 4453 Summer Oak Drive STREET ADDRESS 10911 AUTUMN OAK PLACE STREET ADDRESS Tampa, FL 33624-CITY-ST-ZIP CITY-ST-ZIP TAMPA FL President Change Addition ☐ Delete TITLE TITLE NAME MANN, DAVE NAME Dave Mann STREET ADDRESS 10909 Autumn Dak Place STREET ADDRESS 10909 AUTUMN OAK PL CITY-ST-ZIF CITY-ST-ZIP Tampa, FL 33624 Tampa Fl Secretary- Recording Change ☐ Addition TITLE TITLE ☐ Delete NAME VALENTI, DONNA NAME Donna Valenti STREET ADDRESS STREET ADORESS 4424 Summer Oak Drive 4424 SUMMER OAK DRIVE CITY-ST-ZIP Tampa, FL 33624 Member At Large CITY-ST-ZIP TAMPA, FL 00000 Delete Addition TITLE TITLE PULS, RICHARD Dominic Theodox NAME NAME 4453 Summer Oak Dr STREET ADDRESS STREET ADDRESS 10912 AUTUMN OAK PL CITY-ST-7/2 CITY-ST-ZIP Tampa FL 33624 TAMPA FL 33624 Addition ☐ Delete Change TITLE TITLE stacy Pratt NAME PRATT, STACY putumn Oak Place STREET ADDRESS STREET ADDRESS 10905 AUTUMN OAK PL CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33624 Tampa, FL 33624 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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

Date

Daytime Phone #