

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762114

1. Entity Name

CARROLLWOOD SOUTH HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90045 009 \*\*\*\*61.25

Principal Place of Business

10909 AUTUMN OAK PL  
TAMPA FL 33624  
US

Mailing Address

10909 AUTUMN OAK PL  
TAMPA FL 33624  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2286963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANCILLA, DAVID  
10909 AUTUMN OAK PL  
TAMPA FL 33624

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
PRATT, RUSS  
10905 AUTUMN OAK PL  
TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
THEODORE, JENNIFER  
4453 SUMMER OAK DR  
TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MANCILLA, DAVE MANCILLA  
10909 AUTUMN OAK PL  
TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2 - see

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SRD  
VALENTI, DONNA  
4424 SUMMER OAK DR  
TAMPA FL 33624 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MAL  
THEODORE, DOMINIC  
4453 SUMMER OAK DR  
TAMPA FL 33624 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MAL  
PRATT, STACY  
10905 AUTUMN OAK PL  
TAMPA FL 33624 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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

Date

Daytime Phone #

CR2E037 (10/00)