

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90071 039 *****61.25

DOCUMENT # 762114

1. Entity Name

CARROLLWOOD SOUTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10909 AUTUMN OAK PL
TAMPA FL 33624
US

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

2/13/02

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	VO	<input type="checkbox"/> Delete
NAME	PRATT, RUSS	
STREET ADDRESS	10905 AUTUMN OAK PL	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	THEODORE, JENNIFER	
STREET ADDRESS	4453 SUMMER OAK DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MANCILLA, DAVE	
STREET ADDRESS	10909 AUTUMN OAK PL	
CITY-ST-ZIP	TAMPA FL	
TITLE	SRD	<input type="checkbox"/> Delete
NAME	VALENTI, DONNA	
STREET ADDRESS	4424 SUMMER OAK DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	MAL	<input checked="" type="checkbox"/> Delete
NAME	THEODORE, DOMINIC	
STREET ADDRESS	4453 SUMMER OAK DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	MAL	<input type="checkbox"/> Delete
NAME	PRATT, STACY	
STREET ADDRESS	10905 AUTUMN OAK PL	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth B Still	
STREET ADDRESS	10912 Wink Oak Place	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MAL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY LEWIS	
STREET ADDRESS	10902 Autumn Oak Place	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 (Kenneth B Still)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2002 (813) 878-0066

Date

Daytime Phone #

CR2E037 (9/01)