2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90040 047 ****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

01312004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. Current Officers and Directors		11. Additions, Changes or Deletions to Officers and Directors
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PRATT, RUSS 10905 AUTUMN OAK PL TAMPA, FL ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STILL, KENNETH B 10912 WINKS OAK PLACE TAMPA, FL 33624 ☒ Delete	TREASURER GEORGE GASKELL 4447 SUMMER OAK DRIVE TAMPA FL 33618-5326 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MANCILLA, DAVE 10909 AUTUMN OAK PL TAMPA, FL ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRD VALENTI, DONNA 4424 SUMMER OAK DR TAMPA, FL 33624 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAL LEWIS, MARY 10902 AUTUMN OAK PLACE TAMPA, FL 33624 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAL PRATT, STACY 10905 AUTUMN OAK PL TAMPA, FL 33624 ☐ Delete	☐ 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: _____ 2/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #