2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

1. Entity Name CARROLLWOOD SOUTH HOMEOWNERS ASSOCIATION, INC.					C	01-27-2006	90039 026 **	
10909 AUTUMN OAK PL 109			Aailing Address 10909 AUTUMN OAK PL TAMPA, FL 33624 US					
Principal Place of Business 3		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242006 CI	hg-NP	CR2E037 (11/0	5)	
City & State		City & State		4. FEI Number 59-228696	3		Applied For Not Applicable	
Žip	Country Zip		Country		5. Certificate of St	atus Desired	□ \$8.75 Fee Rec	Additional uired
	6. Name and Address of Current		7. Name and Address of New Registered Agent					
	A, DAVID FUMN OAK PL		Nam Stree		P.O. Box Number is I	Not Acceptable)		
TAMPA, F	L 33624							
	Sept.		City				FL Zip	Code
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registered offic	e or register	red agent, or both, in	the State of Flor	ida. I am familiar v	ith, and accept
SIGNATURE .	Signature, typed or printed name of registered agen	and the denotion to ANOTE	: Registered Agent s	annhun required	(when coinstation)	 	DATE	
	Sugnessing, spleas or printed name or togenered again	(NOTE	., nogatorou Agorit s	grandro required	www.monada.g/	Logues and Trays	San	o overse Authorax visconia.
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Fi Trust Fund Contribute				9 🗆	\$5.00 May Be Added to Fees		ike check payab da Department d	
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANG		S AND DIRECTOR	\$ IN 10
	Y		TITLE			/	C Cha	
TITLE	VD	☐ Delete		00/	. *//F/S	CIV	☐ Cha	ope 504 Addition
NAME	PRATT, RUSS	☐ Delete	NAME	PAU	L NIELS	170 007	k PL	· /-
		☐ Delete		PAU	OL NIELS 910 AUTU MPA, FL	170 007	k PL	· /-
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 furstee 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: SIGNATURE AND TYPED OR PRINTED MANIE OF BIGNING OFFICER OR DIRECTOR Date Date Daylore Proper 5