

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762114

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** CARROLLWOOD SOUTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10909 AUTUMN OAK PL  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

10909 AUTUMN OAK PL  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 59-2286963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANCILLA, DAVID P  
10909 AUTUMN OAK PL  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: PRATT, RUSS  
Address: 10905 AUTUMN OAK PL  
City-St-Zip: TAMPA, FL 33618

Title: T  
Name: GASKELL, GEORGE  
Address: 4447 SUMMER OAK DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: P  
Name: MANCILLA, DAVE  
Address: 10909 AUTUMN OAK PL  
City-St-Zip: TAMPA, FL 33618

Title: MAL  
Name: VALENTI, DONNA  
Address: 4424 SUMMER OAK DR  
City-St-Zip: TAMPA, FL 33618

Title: SEC  
Name: PRATT, STACY  
Address: 10905 AUTUMN OAK PL  
City-St-Zip: TAMPA, FL 33618

Title: MAL  
Name: COLLINS, MICHAEL  
Address: 10911 AUTUMN OAK PL  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID MANCILLA

P

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date