2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762114

1. Entity Name

CARROLLWOOD SOUTH HOMEOWNERS ASSOCIATION, INC.



FILED Mar 19, 2003 8:00 am Secretary of State 03-19-2003 90112 038 ****61.25

OAIIIOEEII			'	W. m.					
Principal Place of Business 0909 AUTUMN OAK PL TAMPA FL 33624 JS		Mailing Address 10909 AUTUMN OAK PL TAMPA FL 33624 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-2286963			Applied For Not Applicable	
Zip Country 6. Name and Address of Curr				try	5. Certificate of Stat	us Desired	\$8.75 Addi		
				7. Name and Address of New Registered Agent					
	6. Name and Address of Current	negistered Agent		Name					
strong services and the services and the services are serviced as the service are serviced as the service are serviced as the service are serviced as the serviced are serviced as the service			ಎನ್ನುವರ್	The state of the s					
MANCILLA			Street Address (P.O. Box Number is Not Acceptable)						
	TUMN OAK PL		-				,		
TAMPA FL 33624		•.							
				City		Į	FL Zip Code	!	
						o State of Florida I	am familiar with	and accept	
8. The above the obligation	named entity submits this statement for ons of registered agent.	or the purpose of changing (ils registered	Tombe of Togiste	Sied agont, or Sour, in a				
SIGNATURE _	Signature, typed or printed name of registered agen	it and title if applicable. (NO	OTE: Registered	Agent signature require	ed when reinstating)	. De	ATE		
·					<u> </u>			7	
*		9, Election C	ampaign Fir	nancing	\$5.00 May Be	Make Cl	heck Payable	to	
ું F	ILE NOW: FEE IS \$61.25		d Contributio		Added to Fees		partment of S		
. .	1								
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS IN	10	
	VD Delete		TITLE		<u>-</u>	··································	Change	☐ Addition	
TITLE NAME	PRATT, RUSS		NAME						
STREET ADDRESS	10905 AUTUMN OAK PL	ı	STREE	T ADDRESS					
CITY-ST-ZIP	TAMPA FL			ST-ZIP					
			TITLE	- 1		*	☐ Change	☐ Addition	
TITLE	TD STILL, KENNETH B	Delete -	NAME						
NAME	10912 WINKS OAK PLACE			T ADDRESS					
STREET ADDRESS		•		ST-ZIP					
CITY-ST-ZIP	TAMPA FL 33624	[] h-1	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
TITLE	P	☐ Delete		~ = > ~					
NAME	MANCILLA, DAVE	. = =		T ADDRESS	ರ್ಷ-೧೯೯೯		7.0		
STREET ADORESS CITY-ST-ZIP	144 11-			ST-ZIP					
<u> </u>	TAMPA FL SRD	□ Delete	TITLE			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	☐ Change	Addition	
TITLE	VALENTI, DONNA	L Delete	NAME						
NAME	4424 SUMMER OAK DR		1	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33624			ST-ZIP					
		☐ Delete	TITLE		-	<u></u>	☐ Change	☐ Addition	
TITLE	MAL LEWIS, MARY	☐ Deletë	NAME	1					
NAME	10902 AUTUMN OAK PLACE			ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33624			-ST-ZIP					
	MAL SSO24	☐ Delete	TITLE				Change	Addition	
TITLE	PRATT, STACY	□ Delete	NAME	L			_		
NAME PERFET ADDRESS	10905 AUTUMN OAK PL			ET ADDRESS					
STREET ADDRESS - CITY-ST-ZIP				-ST-ZIP					
	TAMPA FL 33624	01 11 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Section 119 07(3)(i). Flo	orida Statutes. I furth	er certify that the	information	

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 turner 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 REQUIRED

3-17-03