

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 JUN 20 PM 2:09

DOCUMENT # **769027** (4)

1. Corporation Name

**CARROLLBROOK LAKESIDE CONDOMINIUMS ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900001519029

-06/21/95--01036--007

\*\*\*\*130.00 \*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

ANCHOR PROPERTY MGMT  
2117 S DALE MABRY  
TAMPA FL 33629  
US

5519-B Hanley Rd  
Tampa FL 33634

ANCHOR PROPERTY MGMT  
2117 S DALE MABRY  
TAMPA FL 33629  
US

5519-B Hanley Rd  
Tampa FL 33634

3. Date Incorporated or Qualified  
**06/21/1983**

3a. Date of Last Report  
**04/18/1994**

4. FEI Number  
**59-2336426**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

30 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANCHOR PROPERTY MANAGEMENT INC  
5519-B HANLEY RD  
TAMPA FL 33634

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DVP  
NAME: HUNT, LEEANN  
STREET ADDRESS: 10465 CARROLLBROOK CR216  
CITY-ST-ZIP: TAMPA FL

11 TITLE: D  Change  Addition  
12 NAME: Roy Opfer  
13 STREET ADDRESS: 10485 Carrollbrook Cir. #220  
14 CITY-ST-ZIP: Tampa, FL 33618

TITLE: D  
NAME: CASTOR, DON JUDGE  
STREET ADDRESS: 10433 CARROLLBROOK CIR  
CITY-ST-ZIP: TAMPA FL

21 TITLE: DS  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY-ST-ZIP:

TITLE: DP  
NAME: MCGURTY, VERNA  
STREET ADDRESS: 10433 CARROLLBROOK CT.  
CITY-ST-ZIP: TAMPA FL

31 TITLE: DP  Change  Addition  
32 NAME: Dick Shaughnessy  
33 STREET ADDRESS: 4610 Cypress Tree DR.  
34 CITY-ST-ZIP: Tampa FL 33624

TITLE: D  
NAME: SHAUGHNESSY, DICK  
STREET ADDRESS: 4610 CYPRESS TREE DR  
CITY-ST-ZIP: TAMPA FL

41 TITLE: DVP  Change  Addition  
42 NAME: Lee Ann Hunt  
43 STREET ADDRESS: 10405 Reclinata Lane  
44 CITY-ST-ZIP: Tampa FL 33629

TITLE: DT  
NAME: STRAUB, DIANE  
STREET ADDRESS: 10475 CARROLLBROOK DR #218  
CITY-ST-ZIP: TAMPA FL

51 TITLE: DT  Change  Addition  
52 NAME: Linda Summers  
53 STREET ADDRESS: 10405 Reclinata Lane  
54 CITY-ST-ZIP: Tampa, FL 33618

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

61 TITLE:  Change  Addition  
62 NAME:  
63 STREET ADDRESS:  
64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Don Castor* Secretary

4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Term