

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **769027** (4)
1. Corporation Name

CARROLLBROOK LAKESIDE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business: **ANCHOR PROPERTY MGMT
5519-B HANLEY RD
TAMPA FL 33634
US**

Mailing Address: **ANCHOR PROPERTY MGMT
5519-B HANLEY RD
TAMPA FL 33634
US**

3. Date Incorporated or Qualified: **06/21/1983** 3a. Date of Last Report: **06/20/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2336426	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	000001817270
		B3	-05/13/96--01004--002
		B4 City	***61.25
			FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, LEE ANN	1.2 NAME	JAMES MALLEY
STREET ADDRESS	10405 RECLINATA LANE	1.3 STREET ADDRESS	P.O. BOX 290936 3817 KIMBERLY LANE
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33687-0936 TAMPA 33618
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTOR, DON JUDGE	2.2 NAME	
STREET ADDRESS	10433 CARROLLBROOK CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPFER, ROY	3.2 NAME	CHESTER BUCHKOWSKI
STREET ADDRESS	10485 CARROLLBROOK CIR #220	3.3 STREET ADDRESS	10425 CARROLLBROOK CIR.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33618
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAUGHNESSY, DICK	4.2 NAME	
STREET ADDRESS	4610 CYPRESS TREE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, LINDA	5.2 NAME	VERON MCGUATY
STREET ADDRESS	10405 RECLINATA LANE	5.3 STREET ADDRESS	10483 CARROLLBROOK CT, # 209
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL 33618
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: _____ DATE: **04-29-96** TELEPHONE: **813-883-5585**

CR2E037 (12/95)