

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 769027 (4)

1. Corporation Name

CARROLLBROOK LAKESIDE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

ANCHOR PROPERTY MGMT  
5519-B HANLEY RD  
TAMPA FL 33634  
US

ANCHOR PROPERTY MGMT  
5519-B HANLEY RD  
TAMPA FL 33634-4903  
US

3. Date Incorporated or Qualified  
06/21/1983

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2336426

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, 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 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 VPD  
NAME MALLEY, JAMES  
STREET ADDRESS 2817 KIMBERLY LANE  
CITY-ST-ZIP TAMPA FL 33618  DELETE

1.1 TITLE P  
1.2 NAME McGuaty, Verna  
1.3 STREET ADDRESS 10433 Carrollbrook Ct. # 204  
1.4 CITY-ST-ZIP Tampa, FL 33610  Change  Addition

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

2.1 TITLE V  
2.2 NAME Perez, Isabel  
2.3 STREET ADDRESS 25347 Buchwood Dr.  
2.4 CITY-ST-ZIP Land O' Lakes, FL 34639  Change  Addition

TITLE D  
NAME BUCHOWSKI, CHESTER  
STREET ADDRESS 10425 CARROLLBROOK CIR #220  
CITY-ST-ZIP TAMPA FL 33618  DELETE

3.1 TITLE S  
3.2 NAME Castor, Don  
3.3 STREET ADDRESS 10433 Carrollbrook Ct. # 105  
3.4 CITY-ST-ZIP Tampa, FL 33610  Change  Addition

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

4.1 TITLE S  
4.2 NAME Brassil, Betty  
4.3 STREET ADDRESS 10415 Carrollbrook Ct. # 107  
4.4 CITY-ST-ZIP Tampa, FL 33610  Change  Addition

TITLE D  
NAME MCGUATY, VERNA  
STREET ADDRESS 10433 CARROLLBROOK CIR. #204  
CITY-ST-ZIP TAMPA FL 33618  DELETE

5.1 TITLE D  
5.2 NAME Mayer, Matthew  
5.3 STREET ADDRESS 10425 Carrollbrook Ct. # 210  
5.4 CITY-ST-ZIP Tampa, FL 33610  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

6.1 TITLE  
6.2 NAME 500002087565  
6.3 STREET ADDRESS -02/14/97--01015--061  
6.4 CITY-ST-ZIP \*\*\*61.25  Change  Addition

14. I do 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 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 on an attachment with an address.

SIGNATURE: *Verna M. McGuaty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE: 1-16-97  
DAYTIME PHONE: 813-933-9108  
0048960

CR2E037 (9/96)