

2-23-98 B-2425C  
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 Feb 23 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
 5510-B HANLEY RD  
 TAMPA FL 33634  
 US

3. Date Incorporated or Qualified  
 06/21/1983  
 4. FEI Number  
 59-2336426  
 Applied For  
 Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 Condominium Alliance 26 Condominium Alliance  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 5327A Ehrlich Road 27 5327A Ehrlich Road  
 City & State City & State  
 23 Tampa, FL 28 Tampa, FL  
 Zip Zip  
 24 33625 25 USA 29 33625 30 USA  
 Country 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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 ANCHOR PROPERTY MANAGEMENT INC  
 5510-B HANLEY RD  
 TAMPA FL 33634

10. Name and Address of New Registered Agent  
 81 Name  
 Condominium Alliance Management Corp  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 5327A Ehrlich Road  
 83  
 84 City Tampa FL 85 Zip Code 33625

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]* DATE: 2/16/98

12. OFFICERS AND DIRECTORS

TITLE	P MCGUITY, VERNA M. <input type="checkbox"/> DELETE
NAME	MCGUITY, VERNA
STREET ADDRESS	10433 CARROLLBROOK CT. #204
CITY-ST-ZIP	TAMPA FL 33618
TITLE	D <del>SE</del> <input type="checkbox"/> DELETE
NAME	CASTOR, DON JUDGE
STREET ADDRESS	10433 CARROLLBROOK CT. #105
CITY-ST-ZIP	TAMPA FL 33618
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MAYER, MATTHEW
STREET ADDRESS	10425 CARROLLBROOK CT. #210
CITY-ST-ZIP	TAMPA FL 33618
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	PEREZ, ISABEL
STREET ADDRESS	25347 BUCHWOOD DR.
CITY-ST-ZIP	LAND O LAKES FL 34639
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCGUITY, VERNA
STREET ADDRESS	10433 CARROLLBROOK CIR. #204
CITY-ST-ZIP	TAMPA FL 33618
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEAN ANN HUNT
1.3 STREET ADDRESS	10465 CARROLLBROOK CIR
1.4 CITY-ST-ZIP	Tampa, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D LEE ANN HUNT <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEE ANN HUNT
3.3 STREET ADDRESS	10465 CARROLLBROOK CIR
3.4 CITY-ST-ZIP	Tampa, FL 33618
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TERRI BROWNE
4.3 STREET ADDRESS	10465 CARROLLBROOK CIR
4.4 CITY-ST-ZIP	Tampa FL 33618
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BETTY BRASSILL
5.3 STREET ADDRESS	10415 CARROLLBROOK CIR #107
5.4 CITY-ST-ZIP	Tampa FL 33618
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* 1-26-98 813-933-9708

CR2E037 (10/97)