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Secretary of State

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # 769027

1. Corporation Name

CARROLLBROOK LAKESIDE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

CONDOMINIUM ALLIANCE
 5327A EHRLICH ROAD
 TAMPA FL 33625
 US

Mailing Address

CONDOMINIUM ALLIANCE
 5327A EHRLICH ROAD
 TAMPA FL 33625
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/21/1983

4. FEI Number

59-2336426

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CONDOMINIUM ALLIANCE MANAGEMENT CORP
 5327 EHRLICH ROAD
 TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name **UNIVERSITY PROPERTIES Inc.**
 82 Street Address (P.O. Box Number is Not Acceptable) **7001 Temple Terrace Highway**
 83
 84 City **TEMPLE TERRACE** FL 85 Zip Code **33637**

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 Richard P. Bailey Richard P. Bailey Agent DATE March 10, 1999

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCGURTY, VERNA M.	
STREET ADDRESS	10433 CARROLLBROOK CT. #204	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	SD	<input checked="" 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	HUNT, LEE ANN	
STREET ADDRESS	10465 CARROLL BROOK CIR #216	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, TERRI	
STREET ADDRESS	10425 CARROLL BROOK CIR #210	
CITY-ST-ZIP	LAND O LAKES FL 33618	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	BRASSILL, BETTY	
STREET ADDRESS	10415 CARROLL BROOK CIR #107	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anthony Diacelli	
1.3 STREET ADDRESS	10453 Carrollbrook Ct	
1.4 CITY-ST-ZIP	Tampa FL 33618	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Betty Brassill	
2.3 STREET ADDRESS	10415 Carrollbrook Cir #107	
2.4 CITY-ST-ZIP	Tampa FL 33618	
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LINDA ARCHAMBEAU	
3.3 STREET ADDRESS	10443 CARROLLBROOK CT.	
3.4 CITY-ST-ZIP	TAMPA FL 33618	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEVE STEVENS	
4.3 STREET ADDRESS	10443 CARROLLBROOK CT 274	
4.4 CITY-ST-ZIP	TAMPA FL 33618	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Diane Shaughnessy	
5.3 STREET ADDRESS	10475 Carrollbrook Cir #218	
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, with all other like empowered.

SIGNATURE: Anthony Diacelli Anthony Diacelli President DATE 3/10/99 932.9869

CR2E037 (11/98)