

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90101 024 ****61.25

DOCUMENT # 769027

1. Entity Name

CARROLLBROOK LAKESIDE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

UNIVERSITY PROPERTIES INC.
 7001 TEMPLE TERRACE HIGHWAY
 TEMPLE TERRACE FL 33637
 US

UNIVERSITY PROPERTIES INC.
 7001 TEMPLE TERRACE HIGHWAY
 TEMPLE TERRACE FL 33637
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2336426

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, RICHARD P
7001 TEMPLE TERRACE HIGHWAY
TEMPLE TERRACE FL 33637

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **CINELLI, ANTHONY**
 STREET ADDRESS **10455 CARROLLBROOK CIRCLE #114**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **BASSILL, BETTY**
 STREET ADDRESS **10415 CARROLLBROOK CT., #107**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **TSD** Change Addition
 NAME **THOMPSON, GAIL**
 STREET ADDRESS **10433 CARROLLBROOK CT #205**
 CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **VPD** Delete
 NAME **ARCHAMBEAU, LINDA**
 STREET ADDRESS **10443 CARROLLBROOK CT #125**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **VPD** Change Addition
 NAME **PINION, TONY**
 STREET ADDRESS **10433 CARROLLBROOK CT #204**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **TD** Delete
 NAME **STEVENS, STEVE**
 STREET ADDRESS **10443 CARROLLBROOK CT, #224**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** Change Addition
 NAME **ASPIRA MAXINE**
 STREET ADDRESS **10423 CARROLLBROOK CIRCLE #101**
 CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **D** Delete
 NAME **CARTER, LIZ**
 STREET ADDRESS **10485 CARROLLBROOK CIRCLE #121**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony Cinelli* *Anthony Cinelli* Jan 28 02 990-1000

CR2E037 (9/01)