


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90108 032 ****61.25

DOCUMENT # 769027					
1. Entity Name CARROLLBROOK LAKESIDE CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business UNIVERSITY PROPERTIES INC. 7001 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637 US			Mailing Address UNIVERSITY PROPERTIES INC. 7001 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637 US		
2. Principal Place of Business		3. Mailing Address		02082006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2336426	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CINELLI, ANTHONY		NAME		
STREET ADDRESS	10455 CARROLLBROOK CIRCLE #114		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASPR, MAXINE		NAME	WINSTON, MARVIN	
STREET ADDRESS	10423 CARROLLBROOK CIRCLE #101		STREET ADDRESS	10475 CARROLL Brook Circle #219	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA FL 33618	
TITLE	TSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, LIZ		NAME		
STREET ADDRESS	10485 CARROLLBROOK CIRCLE #121		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CINELLI, LOIS	
STREET ADDRESS			STREET ADDRESS	10455 CARROLL BROOK Circle #114	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	OGLE CAROLYN	
STREET ADDRESS			STREET ADDRESS	10475 CARROLL BROOK Circle #218	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Anthony Cinelli</i>		Anthony Cinelli		2-23-06 932 9869	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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