


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90013 049 \*\*\*\*61.25

<b>DOCUMENT # 769027</b>							
1. Entity Name <b>CARROLLBROOK LAKESIDE CONDOMINIUMS ASSOCIATION, INC.</b>							
Principal Place of Business <b>UNIVERSITY PROPERTIES INC.          7001 TEMPLE TERRACE HIGHWAY          TEMPLE TERRACE, FL 33637 US</b>			Mailing Address <b>UNIVERSITY PROPERTIES INC.          7001 TEMPLE TERRACE HIGHWAY          TEMPLE TERRACE, FL 33637 US</b>				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01072008 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number <b>59-2336426</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>BAILEY, RICHARD P          7001 TEMPLE TERRACE HIGHWAY          TEMPLE TERRACE, FL 33637</b>			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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CINELLI, ANTHONY		NAME	WILLET, TOM			
STREET ADDRESS	10455 CARROLLBROOK CIRCLE #114		STREET ADDRESS	412 E. MADISON ST. Suite 1100			
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA FL 33602			
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WINSTON, MARVIN		NAME	WINSTON, MARVIN			
STREET ADDRESS	10475 CARROLL BROOK CIR 219		STREET ADDRESS	10475 CARROLL BROOK CIR			
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA FL 33618			
TITLE	TSD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CARUSO, ANTHONY		NAME	KOWALSKI JUDITH			
STREET ADDRESS	10423 CARROLLBROOK CIRCLE #102		STREET ADDRESS	10485 CARROLLBROOK CIR			
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	TAMPA FL 33618			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CINGLLI, LOIS		NAME	EYANS, KESSEL			
STREET ADDRESS	10455 CARROLL BROOK CIR 114		STREET ADDRESS	4024 STALL ROAD			
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA FL 33618			
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARCHAMBEAN, LINDA		NAME	ARCHAMBEAU LINDA			
STREET ADDRESS	10423 CARROLLBROOK CIR. #102		STREET ADDRESS	10423 CARROLLBROOK CIRCLE			
CITY-ST-ZIP	TAMPA, FL 33614		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>Marvin Winston</i>			Date: <i>1/22/08</i> Daytime Phone #: <i>981-3369</i>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							