

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2009
Secretary of State**

DOCUMENT# 769027

Entity Name: CARROLLBROOK LAKESIDE CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2336426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLETT, TOM
Address: 412 E. MADISON ST SUITE 1100
City-St-Zip: TAMPA, TN 37602

Title: PD () Delete
Name: WINSTON, MARVIN
Address: 10475 CARROLL BROOK CIR 219
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: KOWALSKI, JUDITH
Address: 10485 CARROLLBROOK CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: EVANS, KESSEL
Address: 4024 STALL ROAD
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: ARCHAMBEAN, LINDA
Address: 10423 CARROLLBROOK CIR. #102
City-St-Zip: TAMPA, FL 33614

Title: VPD () Delete
Name: ARCHAMDEALI, LINDA
Address: 10423 CARROLLBROOK CIRCLE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN WINSTON

PD

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date