

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769027

FILED
Feb 07, 2010
Secretary of State

Entity Name: CARROLLBROOK LAKESIDE CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

AVID PROPERTY MANAGEMENT INC
3750 GUNN HIGHWAY SUITE 109
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

AVID PROPERTY MANAGEMENT INC
3750 GUNN HIGHWAY SUITE 109
TAMPA, FL 33618 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:

VIDE, AVELINO
3750 GUNN HIGHWAY
SUITE 109
TAMPA, FL 33618 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
Name: WILLETT, TOM
Address: 3750 GUNN HIGHWAY SUITE 109
City-St-Zip: TAMPA, FL 33618

Title: PD
Name: OGLE, CAROLYN
Address: 3750 GUNN HIGHWAY SUITE 109
City-St-Zip: TAMPA, FL 33618

Title: SD
Name: PROSSICK, KATHY
Address: 3750 GUNN HIGHWAY SUITE 109
City-St-Zip: TAMPA, FL 33618

Title: T
Name: EVANS, KESSEL
Address: 3750 GUNN HIGHWAY SUITE 109
City-St-Zip: TAMPA, FL 33618

Title: VP
Name: WINSTON, MARVIN
Address: 3750 GUNN HIGHWAY SUITE 109
City-St-Zip: TAMPA, FL 33614

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN OGLE

PRES

02/07/2010

Electronic Signature of Signing Officer or Director

Date