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FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770785 (4)

1. Corporation Name

THE VILLAGE APARTMENTS OF CARROLLWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~14008 CLUBHOUSE DRIVE~~
TAMPA FL 33524-3501~~14008 CLUBHOUSE DRIVE~~
TAMPA FL 335243. Date Incorporated or Qualified
10/17/19833a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21. ANGELIA GORDON PROPERTY

26. SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. MGMT INC. 4030 DIJON DRIVE

27. City & State

23. ORLANDO, FL

28. City & State

Zip Country

Zip Country

24. 32808

29. Zip Country

30. Zip Country

4. FEI Number

59-2397680

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SOLLINGER, MICHAEL~~
4919 MEMORIAL HIGHWAY
SUITE 100
TAMPA FL 33634-4503

81. Name ANGELIA GORDON

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

C/O ANGELIA PROPERTY MANAGEMENT COMPANY

83. 4030 DIJON DRIVE

84. City ORLANDO

FL

85. Zip Code 32808

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Angelia L. Gordon* ANGELIA L. GORDON 4/1/97
Signature, name, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD ☐ DELETE
NAME GORDON, FRED
STREET ADDRESS 280 N. WOODWARD AVE.
CITY-ST-ZIP BIRMINGHAM MI1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME O'BRIEN, DONNA J
STREET ADDRESS 280 N. WOODWARD AVE., STE. 217
CITY-ST-ZIP BIRMINGHAM MI2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MALDONADO, LUIS A
STREET ADDRESS 1231 WALNUT STREET
CITY-ST-ZIP UNIONDALE NY 115533.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Angelia L. Gordon* REQUIRED

3-18-97

CR2E037 (9/96)