

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

| NONPROFIT CORPORATION<br>ANNUAL REPORT<br>1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                     |  |
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| <b>DOCUMENT # 770785</b><br>1. Corporation Name<br>The Village Apartments of Carrollwood Condominium Association, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                        |  |
| Principal Place of Business<br>14009 Clubhouse Circle<br>Tampa, Florida 33624                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Mailing Address<br>14009 Clubhouse Circle<br>Tampa, Florida 33624                                                                                                                                                                                                                                                                                                                                                                                               |  | 3. Date Incorporated or Qualified                                                                                      |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29                                                                                                                                                                                                                                                                                                                                                                        |  | 4. FEI Number<br>59-2397680<br>Applied For<br>Not Applicable                                                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                  |  | 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 9. Name and Address of Current Registered Agent<br>Angelia Gordon<br>c/o Angelia Gordon Property Management Company<br>4030 Dijon Drive<br>Orlando, Florida 32808                                                                                                                                                                                                                                                                                               |  |                                                                                                                        |  |
| 10. Name and Address of New Registered Agent<br>81 Name<br>Awilda LeBron<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>5102 Belmere Parkway<br>83<br>84 City<br>Tampa FL 85 Zip Code<br>33624                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                        |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                        |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                        |  |
| 14. I 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: <u>Ginny Doane</u> October 21, 1998 (901)682-6600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                        |  |