FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 770785

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90004 025 ***150.00

	1 Maine									1						
THE VILLAGE APARTMENTS OF CARROLLWOOD CONDOMINIU M ASSOCIATION, INC.										*	1 4 7 14203 <i>7</i>	90004 - 2	7 *	11	ا - لــر_	
Principal Place	e of Busines:	s		M	ailing Addres	ss				1						-
14009 CLUBHOUSE CIRCLE 14009 CLUBHOUSE CIRCLE								1	 							
TAMPA FL 33624 TAMPA FL 33624																
US				U	•						i täätii tähit taait t	FM 631 34 B B 1 1 B 1		****		
Principal Place of Business 2a. Mailing Address								3.	Date Incorporated	or Qualifed						
11 26									10/17/1983							
Suite, Apt.	#, etc.				Suite, Apt.	#, etc.				4.	FEI Number			-		ed For
22				27							59-2397680					pplicable
City & State	е			Ь	City & Stat	te				5.	Certificate of Status	Desired		\$8.75 Fee l		
23				28			Coun	4		1-						
Zip	ſ	Country	У		Zip	r	30	uy		6.	Election Campaign Trust Fund Contrib			\$5.0 Adde		-
24		25 Addro	ss of Current I	29 Pegis	tored Agen		30]			10.	Name and Addres		Registered		4 10	
	J. Naille	and Addie	as or corrent	regia	itorea Agon	<u>. </u>	1	81	Name					Y		
I EDDON	ANAZII ENA						L,	_	6	(5	O Dan Northeada	Not Asses	iable\			
LEBRON,	AVVILUA MERE PARI	MANAV					,	B2	Street Addre	'ess (P	P.O. Box Number is I	Not Accept	lable)			
TAMPA FL		NIT					1	B3								
IMMAIL	_ 33024						ļ.		0.4.					85 Zi	p Coo	10
								-	City				FI	-	_	
11. Pursuant	to the provis	ions of Sect	tions 617.0502	and 6	17.1508, Flo	orida Statute	s, the abo	ove-	named corpo	oration	submits this staten	nent for the	purpose o	f changing i	ts reg	gistered
office or re agent. I ar	egistered ag m familiar wi	ent, or both, ith, and acce	, in the State of opt the obligatio	r Florio	da. Such cha , Section 61	ange was au 7.0503, Flor	itnonzea i ida Statut	by tn ies.	ne corporatio	on s bo	pard of directors. I h	ereby acce	ipi uie appo	miniment as	legia	leieu
•							-									L.
SIGNATURE																\
	Signature, typed	<u> </u>	of registered agent a			(NOTE:		gent s	signature required			ES TO O	DATE FEICERS A	ND DIRECT	TORS	
12.		<u> </u>	of registered agent a FFICERS AND		CTORS		13.		signature required		einstating) ADDITIONS/CHANC	SES TO O				
12.	PD	0			CTORS	(NOTE:	13.	E.	signature required			SES TO O		ND DIREC		S IN 12
12. TITLE NAME	PD GINNY, D	OANE	FFICERS AND	DIRE	CTORS		13. 1.1 TETL 1.2 NAW	E				GES TO OF				
12. IITLE NAME STREET ADDRESS	PD GINNY, D 6584 POF	OANE PLAR AVEN	FFICERS AND	DIRE	CTORS		13. 1.1 TITL 1.2 NAW 1.3 STR	E AE EETA	ADDRESS			GES TO O				
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GINNY, D 6584 POF MEMPHIS	OANE	FFICERS AND	DIRE	CTORS		13. 1.1 TETL 1.2 NAW	E AE EET A	ADDRESS			GES TO OF			é	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD GINNY, D 6584 POF MEMPHIS VPD	OANE PLAR AVEN TN 38138	FFICERS AND NUE, SUITE 3	DIRE	CTORS	DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY	E ME EET A (-ST-2	ADDRESS			GES TO OF		☐ Chang	é	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN	OANE PLAR AVEN TN 38138 ISHIP, DEE	FFICERS AND NUE, SUITE 3:	DIRE	CTORS	DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	E AE EETA /-ST-I E	ADDRESS			GES TO OF		☐ Chang	é	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN	OANE PLAR AVEN TN 38138 ISHIP, DEE	FFICERS AND NUE, SUITE 3:	DIRE	CTORS	DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	E AE (-ST-) E AE	ADDRESS ZIP			GES TO OF		☐ Chang	é	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E.	OANE PLAR AVEN TN 38138 ISHIP, DEE	FFICERS AND NUE, SUITE 3:	DIRE	CTORS	DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR	E AE FETA F AE FETA F AE F F AE F F F F F F F F F F F F F	ADDRESS ZIP			GES TO OR		☐ Chang	e	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E. OCALA F	OANE PLAR AVEN TN 38138 ISHIP, DEE 29TH STF L 34471	FFICERS AND NUE, SUITE 3:	DIRE	CTORS	DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY	E AE (-ST-) E AE EEET A Y-ST-	ADDRESS ZIP			GES TO OF		☐ Chang	e	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E. OCALA FI S LEBRON,	OANE PLAR AVEN TN 38138 ISHIP, DEE 29TH STF L 34471	NUE, SUITE 3 BBI REET	DIRE	CTORS	DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW	E AE EET A AE EET A Y-ST- E AE EET A	ADDRESS ZIP			GES TO OF		☐ Chang	e	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E. OCALA FI S LEBRON,	OANE PLAR AVEN TN 38138 ISHIP, DEE 29TH STF L 34471 AWILDA MERE PAF	NUE, SUITE 3 BBI REET	DIRE	CTORS	DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW	E AE EET A	ADDRESS ADDRESS ADDRESS ADDRESS			GES TO OF		☐ Chang	e	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E. OCALA F S LEBRON, 5102 BEL	OANE PLAR AVEN TN 38138 ISHIP, DEE 29TH STF L 34471 AWILDA MERE PAF	NUE, SUITE 3 BBI REET	DIRE	CTORS	DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR	E AE EEET A E EEET A	ADDRESS ADDRESS ADDRESS ADDRESS			GES TO OF		☐ Chang	e	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E. OCALA FI S LEBRON, 5102 BEL TAMPA FI TD WILSON,	OANE PLAR AVEN TN 38138 ISHIP, DEE 29TH STF L 34471 AWILDA MERE PAF L 33624 SYLVIA	NUE, SUITE 3 BBI REET	DIRE	CTORS	DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITY	E AE EET A E E EET A E E E E	ADDRESS ADDRESS ADDRESS ADDRESS			GES TO OR		☐ Chang	e	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E. OCALA FI S LEBRON, 5102 BEL TAMPA FI TD WILSON, 14009 CL	OANE PLAR AVEN TN 38138 ISHIP, DEE 29TH STF L 34471 AWILDA MERE PAF L 33624 SYLVIA UBHOUSE	NUE, SUITE 3 BBI REET	DIRE	CTORS	DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAW 4.3 STR	E EETA A ETA A EETA	ADDRESS ZIP ADDRESS ZIP ADDRESS ADDRESS			GES TO OR		☐ Chang	e	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E. OCALA FI S LEBRON, 5102 BEL TAMPA FI TD WILSON, 14009 CL TAMPA FI	OANE PLAR AVEN TN 38138 ISHIP, DEE 29TH STF L 34471 AWILDA MERE PAF L 33624 SYLVIA UBHOUSE	NUE, SUITE 3 BBI REET	DIRE	CTORS	DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY	E AE EETA F AE EETA E EETA E EETA E EETA E EETA E EETA E EETA	ADDRESS ZIP ADDRESS ZIP ADDRESS ADDRESS			GES TO OR		☐ Chang ☐ Chang ☐ Chang ☐ Chang	e e	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E. OCALA FI S LEBRON, 5102 BEL TAMPA FI TD WILSON, 14009 CL TAMPA FI D	OANE PLAR AVEN TN 38138 ISHIP, DEE 29TH STF L 34471 AWILDA MERE PAF L 33624 SYLVIA UBHOUSE L 33624	NUE, SUITE 3 BBI REET	DIRE	CTORS	DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.1 TITL	E AE EET A A	ADDRESS ZIP ADDRESS ZIP ADDRESS ADDRESS			GES TO OF		☐ Chang	e e	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E. OCALA FI S LEBRON, 5102 BEL TAMPA FI TD WILSON, 14009 CL TAMPA FI D BURZESE	OANE PLAR AVEN TN 38138 ISHIP, DEE 29TH STF L 34471 AWILDA MERE PAF L 33624 SYLVIA UBHOUSE L 33624	NUE, SUITE 3 BBI REET RKWAY	440	CTORS	DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	E ALE ET A ST-IE ALE ET A A ST-IE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ZIP			GES TO OF		☐ Chang ☐ Chang ☐ Chang ☐ Chang	e e	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E. OCALA FI S LEBRON, 5102 BEL TAMPA FI TD WILSON, 14009 CL TAMPA FI D BURZESE 2727 FLE	OANE PLAR AVEN TN 38138 ISHIP, DEE 29TH STF L 34471 AWILDA MERE PAF L 33624 SYLVIA UBHOUSE L 33624 E, STEVE TCHER AV	NUE, SUITE 3 BBI REET	440	CTORS	DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAW 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR	E ALEET A A ELECT A A ELEC	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP			GES TO OF		☐ Chang ☐ Chang ☐ Chang ☐ Chang	e e	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E. OCALA FI S LEBRON, 5102 BEL TAMPA FI TD WILSON, 14009 CL TAMPA FI D BURZESE	OANE PLAR AVEN TN 38138 ISHIP, DEE 29TH STF L 34471 AWILDA MERE PAF L 33624 SYLVIA UBHOUSE L 33624 E, STEVE TCHER AV	NUE, SUITE 3 BBI REET RKWAY	440	CTORS	DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	E ALE EET A A E EEET A A E EEET A A E EEET A A E EEET A A E E EEET A A E	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP			GES TO OF		☐ Chang ☐ Chang ☐ Chang ☐ Chang	e e	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E. OCALA FI S LEBRON, 5102 BEL TAMPA FI TD WILSON, 14009 CL TAMPA FI D BURZESE 2727 FLE	OANE PLAR AVEN TN 38138 ISHIP, DEE 29TH STF L 34471 AWILDA MERE PAF L 33624 SYLVIA UBHOUSE L 33624 E, STEVE TCHER AV	NUE, SUITE 3 BBI REET RKWAY	440	CTORS	DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.5 CITY 5.5 CITY 5.7 TITL 5.7 NAM 5.3 STR 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.5 TITL 5.5 NAM 5.5 STR 5.4 CITY 5.5 CITY 5.5 CITY 5.5 CITY 5.5 CITY 5.7 TITL 5.7 NAM 5.3 STR 5.4 CITY 5.4 CITY 5.7 CITY	E ALE ELECT A A ELECT	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP			GES TO OF		☐ Chang ☐ Chang ☐ Chang ☐ Chang	e e	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINNY, D 6584 POF MEMPHIS VPD BLANKEN 2201 S.E. OCALA FI S LEBRON, 5102 BEL TAMPA FI TD WILSON, 14009 CL TAMPA FI D BURZESE 2727 FLE TAMPA FI	OANE PLAR AVEN TN 38138 ISHIP, DEE 29TH STF L 34471 AWILDA MERE PAF L 33624 SYLVIA UBHOUSE L 33624 E, STEVE TCHER AV	NUE, SUITE 3 BBI REET RKWAY	440	CTORS	DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITM 3.1 TITL 3.2 NAW 3.3 STR 4.4 CITM 4.2 NAW 4.3 STR 4.4 CITM 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITM 6.1 TITL 6.2 NAW	E ALE LEST A LES	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP			GES TO OF		☐ Chang ☐ Chang ☐ Chang ☐ Chang	e e	Addition Addition Addition Addition

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 of 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, with all other like empowered.

SIGNATURE: