


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90003 036 \*\*\*\*61.25

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # N00000000703</b><br>1. Entity Name<br><b>CARROLLWOOD COMMUNITY BAR ASSOCIATION, INC.</b>   |  |  |   |                |  |
| Principal Place of Business<br><b>13153 N. DALE MABRY HWY., SUITE 115<br/>TAMPA, FL 33618</b>  |  |  | Mailing Address<br><b>PO BOX 273492<br/>TAMPA, FL 33688</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   | 4. FEI Number<br><b>59-3625872</b>  |  |
| Zip  |  | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |  |  |   | 7. Name and Address of New Registered Agent   |  |
| <b>KALISH, JOSEPH R<br/>13153 N. DALE MABRY HWY., SUITE 115<br/>TAMPA, FL 33618</b>  |  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code           |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____   |  |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |  |  |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DP<br/>LOPER, JAMES<br/>15438 N. FLORIDA AVE #101<br/>TAMPA, FL 33613</b>   | <input checked="" type="checkbox"/> Delete                                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD<br/>WISE, ROBERT S<br/>1205 W FLETCHER AVE, #A<br/>TAMPA, FL 33612</b>   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DS<br/>COFFMAN, WILLIAM<br/>8910 N. 06 MABRY #36<br/>TAMPA, FL 33674</b>    | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DVP<br/>SOADY, CLAIRE<br/>205 CRYSTAL GROVE BLVD 101<br/>LUTZ, FL 33548</b> | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DP<br/>SAADY, CLAIRE<br/>205 CRYSTAL GROVE BLVD, 101<br/>LUTZ, FL 33548</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DVP<br/>BUBLEY, DANIEL<br/>3820 Northdale Blvd, 312<br/>Tampa, FL 33624</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |   |  |
| <b>SIGNATURE: _____ Robert S. Wise</b>   |  |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  |   | Date <b>1-9-08</b> Daytime Phone # <b>813 963 8668</b>  |  |

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