
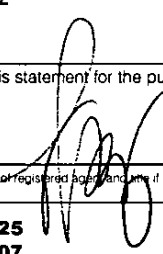
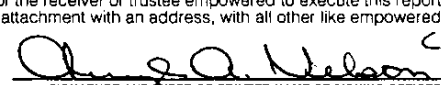


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90059 046 ****61.25

DOCUMENT # N01679 1. Entity Name CARROLLWOOD OAKS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business ANDOVER PROPERTIES 8601 4TH STREET NORTH, SUITE 305C ST. PETERSBURG, FL 33702 US			Mailing Address ANDOVER PROPERTIES 8601 4TH STREET NORTH, SUITE 305C ST. PETERSBURG, FL 33702 US		
2. Principal Place of Business - No P.O. Box # WISE PROPERTY MGMT Suite, Apt. #, etc. 16105 N. FLORIDA #A		3. Mailing Address WISE PROPERTY MGMT Suite, Apt. #, etc. 16105 N. FLORIDA #A			
City & State LUTZ FL		City & State LUTZ FL			
Zip 33549		Country USA		4. FEI Number 59-2982564	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANDOVER PROPERTIES 8601 4TH STREET NORTH, SUITE 305C ST. PETERSBURG, FL 33702			7. Name and Address of New Registered Agent Name STEVE MEZER, ATTY Street Address (P.O. Box Number is Not Acceptable) 220 S. FRANKLIN City TAMPA FL 33602		
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  STEVEN H. MEZER 3/20/07 <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLAS, KARIN 10057 LAKE OAK CIR TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, NANCY 16105 N. FLORIDA #A LUTZ FL 33549
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DZIAGWA, SUSAN 10018 LAKE OAK CIRCLE TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, EVELYN 16105 N. FLORIDA #A LUTZ FL 33549
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NELSON, CHERYL 10051 LAKE OAK CR TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 16105 N. FLORIDA #A LUTZ, FL 33549
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURILLO, MICHAEL 10135 LAKE OAK CIRCLE TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 16105 N. FLORIDA #A LUTZ FL 33549
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DETLOFF, TIMOTHY 10014 LAKE OAK CIRCLE TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, SHARON 10009 LAKE OAK CIRCLE TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 16105 N. FLORIDA #A LUTZ FL 33549
				<input checked="" 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.					
SIGNATURE:  CHERYL NELSON 3/15/07 813-265-3092 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					