2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# N01679

Entity Name: CARROLLWOOD OAKS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

WISE PROPERTY MGMT
16105 N. FLORIDA #A
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

WISE PROPERTY MGMT
16105 N. FLORIDA #A
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-2982564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEZER, STEVE ATTY
1801 N. HIGHLAND AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: CLARK, NANCY
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: SANTIAGO, EVELYN
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: PD ( ) Delete
Name: NELSON, CHERYL
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete
Name: MURILLO, MICHAEL
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: VD (X) Delete
Name: MCCORMICK, SHARON
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: CLARK, NANCY
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD (X) Change ( ) Addition
Name: PERVIS, CATHERINE
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: TD (X) Change ( ) Addition
Name: BERNSTEIN, HELEN
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: PD (X) Change ( ) Addition
Name: MURILLO, MICHAEL
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MURILLO PRES 03/08/2009
Electronic Signature of Signing Officer or Director — Date