

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90183 045 ****61.25

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1. Entity Name

CARRILLON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

14813 TURNER ROAD
TAMPA FL 33624
US

14813 TURNER ROAD
TAMPA FL 33624
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

55-0813479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Denise Helbig
c/o WEST COAST MANAGEMENT & REALTY, INC.
14813 TURNER ROAD
TAMPA FL 33624

Name *Denise Helbig*

Street Address (P.O. Box Number is Not Acceptable)
same

City

FL

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

Denise Helbig

Denise Helbig, agent

3/20/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD
STREET ADDRESS HOVSEPIAN, STEVE E
CITY-ST-ZIP 15510 CARRILLON ESTATES BLVD
TAMPA FL 33625 ☒ Delete

TITLE
NAME President
STREET ADDRESS Boback, Michelle
CITY-ST-ZIP 5904 Trevors Way
Tampa, FL 33625 ☐ Change ☒ Addition

TITLE
NAME VPD
STREET ADDRESS HUGUES, CHRIS
CITY-ST-ZIP 15422 CARRILLON ESTATES BLVD
TAMPA FL 33625 ☐ Delete

TITLE
NAME Treasurer
STREET ADDRESS Hugues Chris
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME SD
STREET ADDRESS STEIGHNER, MICHAEL
CITY-ST-ZIP 5916 JEFFERSON PARK DRIVE
TAMPA FL 33625 ☐ Delete

TITLE
NAME Vice president
STREET ADDRESS steighner, Michael
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME TD
STREET ADDRESS ST. JOHN, KAREN
CITY-ST-ZIP 5906 TREVORS WAY
TAMPA FL 33625 ☒ Delete

TITLE
NAME Secretary
STREET ADDRESS moreau, Corbin
CITY-ST-ZIP 5903 Jefferson Park Dr
Tampa FL 33625 ☐ Change ☒ Addition

TITLE
NAME D
STREET ADDRESS MUNOZ, OBIE
CITY-ST-ZIP 5809 JEFFERSON PARK DRIVE
TAMPA, FL 33625 ☒ Delete

TITLE
NAME Director
STREET ADDRESS Rodan, Angela
CITY-ST-ZIP 15510 Carrillon Estates Blvd.
Tampa FL 33625 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michelle L Boback

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

Date

813-964-0820

Daytime Phone #