2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

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Entity Name: CARRILLON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14813 TURNER ROAD
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

14813 TURNER ROAD
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 55-0813479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELBIG, DENISE
14813 TURNER ROAD
TAMPA, FL 33624 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: P ( ) Delete
Name: ST JOHN, MICHELLE
Address: 15505 CARRILLON ESTATES BLVD
City-St-Zip: TAMPA, FL 33625

Title: VP ( ) Delete
Name: ANDERSON, JIM
Address: 15415 CARRILLON ESTATES BLVD
City-St-Zip: TAMPA, FL 33625

Title: S ( ) Delete
Name: RAJAGOPALAN, PRASANNA
Address: 5802 JEFFERSON PARK DR
City-St-Zip: TAMPA, FL 33625

Title: T ( ) Delete
Name: MATA, MARISETA
Address: 5903 TREVORS WAY
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: PAGE, MARY
Address: 15506 CARRILLON ESTATES BLVD
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: MUNOZ, LISA
Address: 5809 JEFFERSON PARK DR
City-St-Zip: TAMPA, FL 33625

Title: T (X) Change ( ) Addition
Name: ST JOHN, KAREN
Address: 5906TREVORS WAY
City-St-Zip: TAMPA, FL 33625

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: MICHELLE ST JOHN P 01/19/2009

Electronic Signature of Signing Officer or Director — Date