
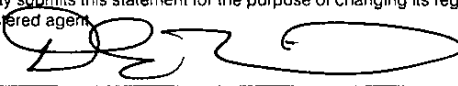
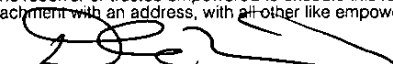


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90123 031 ****61.25

| | | | |
|---|--|---|---|
| DOCUMENT # N03000007480 1. Entity Name CAROLINA LANDINGS AT UNIVERSITY PLACE CONDOMINIUM A ASSOCIATION, INC. | |  | |
| Principal Place of Business ONE SOUTH SCHOOL AVE STE 500 SARASOTA, FL 34237 | | Mailing Address ONE SOUTH SCHOOL AVE STE 500 SARASOTA, FL 34237 | |
| 2. Principal Place of Business C/O AMI Suite, Apt. #, etc. 9031 Town Center Pkwy City & State Bradenton FL Zip 34202 USA | | 3. Mailing Address C/O AMI Suite, Apt. #, etc. 9031 Town Center Pkwy City & State Bradenton FL Zip 34202 USA | |
| 4. FEI Number 20-0327048 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 01072005 Chg-NP CR2E037 (10/03) | |
| 6. Name and Address of Current Registered Agent MANCILLA, JOSEPH 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 | | 7. Name and Address of New Registered Agent Name: Advanced Management, Inc. Street Address (P.O. Box Number is not acceptable): 9031 Town Center Pkwy City: Bradenton FL Zip Code: 34202 | |
| 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:  DATE: 3/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | DP BRADLEY, SCOTT D ONE SOUTH SCHOOL AVE STE 500 SARASOTA, FL 34237 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President + Director Barbara Angelucci 7536 Plantation Circle University Park, FL 34201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV GALLEHUE, RONDA L ONE SOUTH SCHOOL AVE STE 500 SARASOTA, FL 34237 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP Linda Fisher 7546 Plantation Circle University Park, FL 34201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST BOCKOVER, KIMBERLY ONE SOUTH SCHOOL AVE STE 500 SARASOTA, FL 34237 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Dominic Cirillo 7560 Plantation Circle University Park, FL 34201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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:  | | 3-14-05 (941) 388-1134 Date Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |