
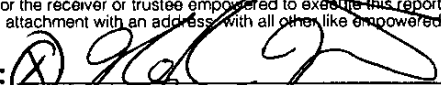


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90016 043 ****61.25

DOCUMENT # N04000002333 1. Entity Name VILLAS OF CARILLON HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2870 SCHERER PARK 100 SAINT PETERSBURG, FL 33716		Mailing Address 305 S MACDILL AVE TAMPA, FL 33609	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 2870 Scherer Drive Suite, Apt. #, etc. Suite 100 City & State St. Petersburg, FL Zip Country 33716	
		01142008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 20-0842391	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTERIL, RON 1010 N FLORIDA AVE TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	D	TITLE	P
NAME	BENNETT, PETER	NAME	NED MARTIN
STREET ADDRESS	301 S MACDILL AVE	STREET ADDRESS	121 VALENCIA CIRCLE
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	ST. PETERSBURG FL 33716
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	SEC. TR.
NAME	PARKER, DEREK	NAME	BRAD DANAHAY
STREET ADDRESS	3908 RYALLWOOD CT	STREET ADDRESS	130 VALENCIA CIRCLE
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	ST. PETERSBURG FL 33716
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	D
NAME	FORTNEY, OLIVIA	NAME	DANA BROADWAY
STREET ADDRESS	305 D MACDILL AVE	STREET ADDRESS	107 VALENCIA CIRCLE
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	ST. PETERSBURG FL 33716
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input 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: 		Date 4/9/2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	