2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

DOOLINAENE # NO 400000	Secretary of State					
DOCUMENT # N04000004 1. Entity Name CARROLLWOOD CROSSING PROP ASSOCIATION, INC.		27-2007 90182 02				
Principal Place of Business 2637 MCCORMICK DR CLEARWATER, FL 33759	MCCORMICK DR 2637 MCCORMICK DR					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3684 TAMPA RO 3684 TAMPA		PA RD.				
Suite, Apt. #, etc. Su / 7E 6	Suite, Apt. #, etc.		01082007 CH	ng-NP CR2E0	37 (12/06)	
OLD SMAR FL	City & State OLD SMAR	FL	4. FEI Number 20-114452	7	No	oplied For of Applicable
34611 Country USA	34617	Country A	5. Certificate of Sta	<u> </u>	\$8.75 Add Fee Require	ditional d
6. Name and Address of Current i	Registered Agent	No	7. Name and Add	ress of New Registered	Agent	
FLOWERS, G E 2637 MCCORMICK DR CLEARWATER, FL 33759	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	City	SMAR	F13 FL	Zip Cod	777	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its reg		ered agent, or both, in	the State of Florida. I am	familiar with,	and accept
SIGNATURE Signature, typed or grinted many of register of popular	Fallerand NOTEDO	distance required in the second secon	ed when reinstating)	DATE		_
Filing Fee is \$61.25	9. Election Campa		\$5.00 May Be	Make chec	k payable to	,)
Due by May 1, 2007 OFFICERS AND DIR	Trust Fund Cont	ribution.	Added to Fees ADDITIONS/CHANGE	Riorida Depa		
TITLE PD	Delete	TITLE /3 A			☐ Change	Addition
NAME FLOWERS, G. E.	Donne		ANDENBUI	RG. FRIC		(2) Yourson
STREET ADDRESS 2637 MCCORMICK DR	ľ			PRIOGE DA	ρ.	
CITY-ST-ZIP CLEARWATER, FL 33759	,	CITY-ST-ZIP	amaa	FL 3362V	•	
TITLE VPD	Delete	TITLE 1/P	<u> </u>	LOJUAY	Change	Addition
NAME MILLER, LARRY	7-4000		NDERS, 1	2 H.		EZ (AUSTION
STREET ADDRESS 2637 MCCORMICK DR		STREET ADDRESS	PIR MARA	YRIDGE D.	R.	
CITY-ST-ZIP CLEARWATER, FL 33759		CITY-ST-ZIP	AMIA F	33621		
TITLE _ STD	→ Delete	TITLE D 3			Change	Addition
NAME JACZKO, THERESA	<i>J</i>	NAME VA	VACEK 1	41LRRY		
STREET ADDRESS 2637 MCCORMICK DR		STREET ADDRESS 12	CSO DARA	BY RIDGE	OR	
CITY-ST-ZIP CLEARWATER, FL 33759		CITY-ST-ZIP	ADPA 1	+11RRY BY RIDGE EL 33624	/	
TITLE	☐ Delete	TITLE	*		Change	Addition
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	☐ Delete	TITLE			Change	Addition
NAME		NAME				
STREET ADDRESS	Į.	STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP		_		
TITLE	☐ Delete	TITLÉ			Change	Addition
NAME	1	NAME				
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS				
		CITY-ST-ZIP				
 I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empor changed, or on an attachment with arraddigss, w 	true and accurate and that my si wered to execute this report as re	ignature shall have the	same legal effect as if	made under oath; that I	am an officer i	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR & RIC. BRANCEN BYOKE, FRES Dayline Phone &

SIGNATURE: