

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004182

FILED
Apr 10, 2009
Secretary of State

Entity Name: CARROLLWOOD CROSSING PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 - SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 - SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-1144527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
C/O SENTRY MANAGEMENT, INC.
2180 WEST SR 434 - SUITE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: BRANDENBURG, ERIC
Address: 3684 TAMPA RD STE 6
City-St-Zip: OLDSMAR, FL 34677

Title: VPD () Delete
Name: PETROCK, JACI
Address: 3684 TAMPA RD STE 6
City-St-Zip: OLDSMAR, FL 34677

Title: STD () Delete
Name: NOVACEK, HILARY
Address: 3684 TAMPA ROAD STE 6
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change () Addition
Name: BRANDENBURG, ERIC
Address: 12908 DARBY RIDGE DR
City-St-Zip: TAMPA, FL 33624

Title: PD (X) Change () Addition
Name: PETROCK, JACI
Address: 12833 DARBY RIDGE DR
City-St-Zip: TAMPA, FL 33624

Title: VPD (X) Change () Addition
Name: BURNS, SUSAN
Address: 12906 DARBY RIDGE DR
City-St-Zip: TAMPA, FL 33624

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: JACI PETROCK

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date