

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 07, 2005
Secretary of State**

DOCUMENT# N04000010309

Entity Name: THE VILLAS AT CARROLLWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1950 SUMMIT PARK DR SUITE 300
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

1950 SUMMIT PARK DR SUITE 300
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 20-1834334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOM RESIDENTIAL SERVICES INC
1950 SUMMIT PARK DR SUITE 300
ORLANDO, FL 32810 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: PATTERSON, STEVEN W
Address: 1950 SUMMIT PARK DR SUITE 300
City-St-Zip: ORLANDO, FL 32810

Title: EVPD () Delete
Name: BUCK, STEVEN K
Address: 1950 SUMMIT PARK DR SUITE 300
City-St-Zip: ORLANDO, FL 32810

Title: EVP () Delete
Name: STEPHENS, SAMUEL C III
Address: 1950 SUMMIT PARK DR SUITE 300
City-St-Zip: ORLANDO, FL 32810

Title: SVPD () Delete
Name: WEST, GREG T
Address: 1950 SUMMIT PARK DR SUITE 300
City-St-Zip: ORLANDO, FL 32810

Title: SVPT (X) Delete
Name: WARNER, BRIAN J
Address: 1950 SUMMIT PARK DR SUITE 300
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMUEL C. STEPHENS, III

EVP

03/07/2005

Electronic Signature of Signing Officer or Director

Date