

- Apr. 3. 2007 11:00AM

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90194 012 \*\*\*\*70.00

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N04000010309

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



40081315

Principal Place of Business  
3939 EHRLICH RD  
TAMPA, FL 33624

Mailing Address  
3939 EHRLICH RD  
TAMPA, FL 33624



2. Principal Place of Business - No P.O. Box #  
3939 Ehrlich Rd  
Suite, Apt. #, etc.

3. Mailing Address  
3939 Ehrlich Rd  
Suite, Apt. #, etc.

03272007 Chg-NP CR2E037 (12/06)

City & State  
Tampa, FL 33624

City & State  
Tampa, FL

4. FEI Number  
20-1834334

Applied For  
Not Applicable

Zip  
33624

Country  
USA

Zip  
33624

Country  
USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZOM RESIDENTIAL SERVICES INC  
1950 SUMMIT PARK DR SUITE 300  
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name Zom Residential Services Inc  
Street Address (P.O. Box Number is Not Accepted) 1950 Summit Park Dr. Ste. 300

City Orlando FL Zip Code 32810

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 *Kristen Purcell* Kristen Purcell Property Director 3-27-07

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution  \$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 P ALEBERTI, MONCO STREET ADDRESS 4008 ALEXANDER PALM DR CITY-ST-ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete
TITLE NAME VP MONTANO, MARK STREET ADDRESS 17302 TOBACCO RD CITY-ST-ZIP LUTZ, FL 33558	<input type="checkbox"/> Delete
TITLE NAME T HESTON, NEEL STREET ADDRESS 4005 ROCLINATA DR CITY-ST-ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME President Mark Montano STREET ADDRESS 17302 Tobacco Rd. CITY-ST-ZIP Lutz, FL 33558	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP Donna Miller STREET ADDRESS 4004 Magasky Palm Dr. CITY-ST-ZIP Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Treasurer Monica Aleberti STREET ADDRESS 4008 Alexander Palm Dr. CITY-ST-ZIP Tampa, FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

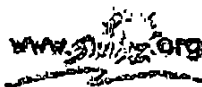
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statute indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made by the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 3-27-07 813-961-6645

ATTACHMENT

40081315

Division of Corporations



2007 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the  
annual report form.

This information cannot be changed on the report.	
Document Number	N04000010309
Business Entity Name	THE VILLAS AT CARROLLWOOD CONDOMINIUM ASSOCIATION, INC.
Original File Date	11/02/2004

FEI Number 20-1834334  
Principal Address 3939 EHRLICH RD  
TAMPA, FL 33624  
Mailing Address 3939 EHRLICH RD  
TAMPA, FL 33624  
Registered Agent ZOM RESIDENTIAL SERVICES INC  
1950 SUMMIT PARK DR SUITE 300  
ORLANDO, FL 32810

Officer/Director Name And Address

P  
MONCO ALEBERTI  
4008 ALEXNDER PALM DR  
TAMPA, FL 33624

VP  
MARK MONTANO  
17302 TOBACCO RD  
LUTZ, FL 33558

T  
NERL HESTON  
4005 ROCLINATA DR  
TAMPA, FL 33624

If all of the above  
information is correct and

If you need to make  
changes to the above


2006

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 26, 2006 8:00 am Secretary of State

05-04-2006 90 52 035 \*\*\*\*61.25 ATTACHMENT

40081315

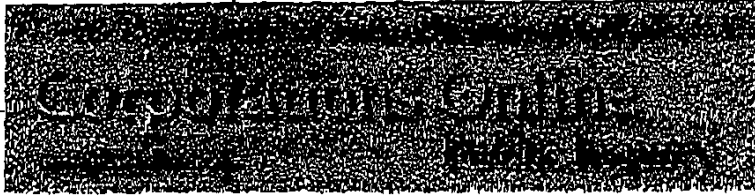
DOCUMENT # N04000010309			
1. Entity Name THE VILLAS AT CARROLLWOOD CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1950 SUMMIT PARK DR SUITE 300 ORLANDO, FL 32810		Mailing Address 1950 SUMMIT PARK DR SUITE 300 ORLANDO, FL 32810	
4. Principal Place of Business 3239 Ehrlich Rd. Subj. Act. 9, etc.		2. Mailing Address 3239 Ehrlich Rd. Subj. Act. 9, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33624		Country USA	
1. Name and Address of Current Registered Agent ZOM RESIDENTIAL SERVICES INC 1950 SUMMIT PARK DR SUITE 300 ORLANDO, FL 32810		7. Name and Address of Mailed Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
Zip Code		Zip Code	
FL		FL	
1. 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. The obligators of registered agent.		1. Certificate of Status Destroyed <input type="checkbox"/>	
SIGNATURE <u>K. D. Powell</u> Kristen Powell Property Manager		6. FET Number 20-1834334	
Filing Fee is \$61.25 Due by May 1, 2008		8.76 Additional Fee Required	
1. Election Campaign Financing Trust Funds Contribution <input type="checkbox"/>		2. \$5.00 May 04 Added to Fees	
3. Make check payable to Department of State		3. \$0.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE PQ	NAME PATTERSON, STEVEN W	TITLE President	NAME Monica Alberti
STREET ADDRESS 1950 SUMMIT PARK DR SUITE 300	CITY-ST-SP ORLANDO, FL 32810	STREET ADDRESS 4006 Alexander Palm Dr	CITY-ST-SP Tampa, FL 33624
TITLE EVPO	NAME BUCK, STEVEN K	TITLE Vice President	NAME Mark Montano
STREET ADDRESS 1950 SUMMIT PARK DR SUITE 300	CITY-ST-SP ORLANDO, FL 32810	STREET ADDRESS 17302 Tobacco Rd.	CITY-ST-SP Lutz, FL 33558
TITLE EVP	NAME STEPHENS, SAMUEL C III	TITLE TREASURER	NAME Albert Weston
STREET ADDRESS 1950 SUMMIT PARK DR SUITE 300	CITY-ST-SP ORLANDO, FL 32810	STREET ADDRESS 4005 Rocklata Dr.	CITY-ST-SP Tampa, FL 33624
TITLE SVPD	NAME WEST, GREG T	TITLE	NAME
STREET ADDRESS 1950 SUMMIT PARK DR SUITE 300	CITY-ST-SP ORLANDO, FL 32810	STREET ADDRESS	CITY-ST-SP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-SP	STREET ADDRESS	CITY-ST-SP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-SP	STREET ADDRESS	CITY-ST-SP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name as changed, or on an subsequent form on address, with all other the empowered.			
SIGNATURE <u>[Signature]</u>		6/20/06 516:53:2894	

Apr. 3. 2007 11:01AM

Division of Corporations

No. 3202 P. 5  
Page 1 of 2

ATTACHMENT  
40881315



Florida Non Profit

THE VILLAS AT CARROLLWOOD CONDOMINIUM ASSOCIATION, INC.

PRINCIPAL ADDRESS

3939 EHRLICH RD  
TAMPA FL 33624  
Changed 06/26/2006

MAILING ADDRESS

3939 EHRLICH RD  
TAMPA FL 33624  
Changed 06/26/2006

Document Number  
N04000010309

State  
FL

FEI Number  
201834334

Status  
ACTIVE

Date File  
11/02/2001

Effective Date  
NONE

Registered Agent

Name & Address
ZOM RESIDENTIAL SERVICES INC 1950 SUMMIT PARK DR SUITE 300 ORLANDO FL 32810

Officer/Director Detail

Name & Address	Title
ALEBERTI, MONCO 4006 ALEXANDER PALM DR TAMPA FL 33624	P
MONTANO, MARK 17302 TOBACCO RD LUTZ FL 33558	VP
HESTON, NERI, 4005 ROCLINATA DR TAMPA FL 33624	T

ATTACHMENT

40081315  
# ~~NO4000010309~~

Annual Reports

Report Year	Filed Date
2005	03/07/2005
2006	06/26/2006

[Previous Filing](#)

[Return to List](#)

[Next Filing](#)

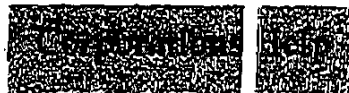
No Events  
No Name History Information

Document Images

Listed below are the images available for this filing.

06/26/2006 -- ANN REP/UNIFORM BUS REP	
03/07/2005 -- ANNUAL REPORT	
11/02/2004 -- Domestic Non-Profit	

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT



Apr. 3. 2007 11:01AM

ATTACHMENT

40081315

No. 3202 P. 7

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010309

FILED  
Mar 07 2006  
Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1950 SUMMIT PARK DR SUITE 300  
ORLANDO, FL 32810

Current Mailing Address:

New Mailing Address:

1950 SUMMIT PARK DR SUITE 300  
ORLANDO, FL 32810

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZOM RESIDENTIAL SERVICES INC  
1950 SUMMIT PARK DR SUITE 300  
ORLANDO, FL 32810 US

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:

ADDITIONS/CHANGES TO OFFICERS / ND DIRECTORS:

Title: PD ( ) Delete  
Name: PATTERSON, STEVEN W  
Address: 1950 SUMMIT PARK DR SUITE 300  
City-St-Zip: ORLANDO, FL 32810

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

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

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

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

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

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

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

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

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 19.07(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

13/07/2005

Electronic Signature of Signing Officer or Director

Date