


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 07, 2008 8:00 am**  
**Secretary of State**

08-07-2008 90063 040 \*\*\*\*70.00

**DOCUMENT # N04000010309**

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



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 #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07182008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**20-1834334**

Applied For  
 Not Applicable

Zip Country

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25  
 Due by September 12, 2008**

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 STREET ADDRESS CITY-ST-ZIP  Delete

**T  
 ALEBERTI, MONCO  
 4008 ALEXANDER PALM DR  
 TAMPA, FL 33624**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

**S/T  
 Antoinette Macaluso  
 4008 Bangalow Palm Ct  
 Tampa FL 33624**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

**P  
 MONTANO, MARK  
 17302 TOBACCO RD  
 LUTZ, FL 33558**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

**T  
 HESTON, NERL  
 4005 ROCLINATA DR  
 TAMPA, FL 33624**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

**VP  
 MILLER, DONNA  
 4004 MAJESTY PALM DR  
 TAMPA, FL 33624** Majesty Palm Ct.

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  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: [Signature] PRESIDENT Date: 7/18/08 Daytime Phone #: 813-361-2700