

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90265 004 ****61.25

DOCUMENT # N0500000081

1. Entity Name
THE VILLAS OF SAN MARINO AT CARROLLWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 13903 CLUBHOUSE DR TAMPA FL 33618
 Mailing Address: 13903 CLUBHOUSE DR TAMPA FL 33618

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **P.O. Box 26563**

City & State: **Tampa FL**

Zip: **33623**



1st MOORE CR2E037 (10/05)

4. FEI Number: **51-0533221** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent:
**SADORF, RICK W
 LEFTER, WILKINSON & SARDOF, LLC
 2201 NE COACHMAN RD
 CLEARWATER FL 33765**

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)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

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: DP NAME: HAYDEN, FRANK R STREET ADDRESS: 13903 CLUBHOUSE DR CITY-ST-ZIP: TAMPA FL 33618	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: MANLEY, JAMES F STREET ADDRESS: 13903 CLUBHOUSE DR CITY-ST-ZIP: TAMPA FL 33618	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DST NAME: HOLDER, RICHARD STREET ADDRESS: 13903 CLUBHOUSE DR CITY-ST-ZIP: TAMPA FL 33618	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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 Section 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: Frank R. Hayden **President** Date: **2/15/06** **813-281-2949**