

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000081

FILED
Mar 31, 2009
Secretary of State

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

Current Principal Place of Business:

13903 CLUBHOUSE DR
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26563
TAMPA, FL 33623

New Mailing Address:

FEI Number: 51-0533221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADORF, RICK W
1744 N. BELCHER ROAD
SUITE 150
CLEARWATER, FL 33765 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: DP () Delete
Name: HAYDEN, FRANK R
Address: 4422 N. CHURCH AVE., SUITE J
City-St-Zip: TAMPA, FL 33614

Title: DV () Delete
Name: MCNEIL, STEPHANIE H
Address: 4422 N. CHURCH AVE., SUITE J
City-St-Zip: TAMPA, FL 33614

Title: DST () Delete
Name: HOLDER, RICHARD
Address: 4422 N. CHURCH AVE., SUITE J
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HAYDEN, FRANK R
Address: P.O. BOX 26563
City-St-Zip: TAMPA, FL 33623

Title: DV (X) Change () Addition
Name: MCNEIL, STEPHANIE H
Address: P.O. BOX 26563
City-St-Zip: TAMPA, FL 33623

Title: DST (X) Change () Addition
Name: HOLDER, RICHARD
Address: P.O. BOX 26563
City-St-Zip: TAMPA, FL 33623

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: FRANK R. HAYDEN

DP

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date