FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90016 035 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000011526

1. Entity Name
CARROLLWOOD COVE AT EMERALD GREENS CONDOMINIUM ASSOCIATION, INC.

90105766

Principal Place of Business	Mailing Address
2870 EHRLICH ROAD STE 100 SAINT PETERSBURG, FL 33716	2870 EHRLICH ROAD STE 100 SAINT PETERSBURG, FL 33716

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

04162008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4074010 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 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 PD NAME LAMOTTE, BRUCE STREET ADDRESS 212 WEST VAN BUREN 9TH FLOOR CITY-ST-ZIP CHICAGO, IL 60607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VSTD NAME POLLACK, ALAN STREET ADDRESS 212 WEST VAN BUREN 9TH FLOOR CITY-ST-ZIP CHICAGO, IL 60607	☑ Delete	TITLE VPD NAME Craig Knight STREET ADDRESS 212 W. Van Buren 9TH Floor CITY-ST-ZIP Chicago IL 60607	☑ Change ☑ Addition
TITLE D NAME CONNOLLY, DAVID STREET ADDRESS 212 WEST VAN BUREN 9TH FLOOR CITY-ST-ZIP CHICAGO, IL 60607	☑ Delete	TITLE D/O NAME Mark Stone STREET ADDRESS 14611 PAR CLUB CIR. CITY-ST-ZIP TAMPA, FL 33618	☐ 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
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: Bruce LaMotte BRUCE LAMOTTE 4/22/08 727 299-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #