


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

FILED
Aug 17, 2007 08:00 A
Secretary of State

DOCUMENT # N05000011896

1. Entity Name
THE GRAND AT OLDE CARROLLWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 10611 CLUB CIRCLE TAMPA, FL 33618	Mailing Address 10611 CLUB CIRCLE TAMPA, FL 33618
---	---

DO NOT WRITE IN THIS SPACE



07122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3855716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEIROSE AND FRISCA, P.A.
500 N. WESTSHORE BLVD.
STE. 830
TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

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 *Francis E Frisla* FRANCIS E FRISLIA DATE 8/9/07

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

**Filing Fee is \$61.25
Duo by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINIELLA, JACK 10386 CARROLLWOOD LANE, #271 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUTLER, MARTIN JR. 10353 CARROLLWOOD LANE, #141 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOEWENTHAL, WILLIAM 10316 CARROLLWOOD COURT, #58 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOKERLY, JOHN 10316 CLUB CIRCLE, #41 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000772360
08/17/07-80009-019 61.25

DO NOT WRITE IN THIS SPACE

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: *Jack Piniella* 7-27-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #