

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUN 10 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N07000000760

1. Entity Name  
CAROLLTON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
6250 NW 23RD ST  
GAIENSVILLE, FL 32653

Mailing Address  
6250 NW 23RD ST  
GAIENSVILLE, FL 32653

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

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number

20-8305098

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHANNON, MICHAEL D  
6250 NW 23RD ST  
GAIENSVILLE, FL 32653

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

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

TITLE PD  
NAME SHANNON, MICHAEL D  
STREET ADDRESS 6250 NW 23RD ST  
CITY-ST-ZIP GAIENSVILLE, FL 32653 ☐ Delete

TITLE VPST  
NAME SHANNON, CATHY R  
STREET ADDRESS 6250 NW 23RD ST  
CITY-ST-ZIP GAIENSVILLE, FL 32653 ☐ Delete

TITLE D  
NAME SHANNON, CATHY R  
STREET ADDRESS 6250 NW 23RD ST  
CITY-ST-ZIP GAIENSVILLE, FL 32653 ☐ Delete

TITLE D  
NAME LARSON, DEANN  
STREET ADDRESS 6250 NW 23RD ST  
CITY-ST-ZIP GAIENSVILLE, FL 32653 ☒ Delete

TITLE Sec/T  
NAME Margaret Rivers  
STREET ADDRESS 6250 NW 23 ST  
CITY-ST-ZIP Gainesville, FL-32653 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Margaret Rivers Sec. JT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-08

352 332-3340

Date

Daytime Phone #