2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State
02-07-2006 90023 018 ****61.25

DOCUMENT # N08914

1. Entity Name
CARROLL OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16105 N. FLORIDA SUITE A LUTZ, FL 33549 US	16105 N. FLORIDA SUITE A LUTZ, FL 33549 US

01242006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
~~PO Box 8393~~	PO Box 8393
Suite, Apt. #, etc. 4116 Gunn Hwy	Suite, Apt. #, etc.
City & State Tampa FL	City & State Tampa FL
Zip / Country 33624 / Hillsborough	Zip / Country 33674 / Hillsborough

4. FEI Number
59-2944262
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEZER, STEVEN
220 S FRANKLIN ST
TAMPA, FL 33602

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VAUGHT, JOANNE 16105 N FLORIDA, #A LUTZ, FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Avelino Vide III PO Box 8393 Tampa FL 33674	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD AUSTIN, DAVE 16105 N FLORIDA, #A LUTZ, FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Secretary~~ Treasurer	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WHITTAKER, JEFFREY 16105 N FLORIDA, # A LUTZ, FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President maria Vide PO Box 8393 Tampa FL 33674	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FAIR, SHARON 16105 N FLORIDA , #A LUTZ, FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Treasurer~~ Secretary John Walker PO Box 8393 Tampa FL 33674	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARMER, TRUDY 16105 N FLORIDA, #A LUTZ, FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director MaryAnn Micka PO Box 8393 Tampa FL 33674	☐ 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: _____ 2-2-6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #