


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90018 045 ****61.25

DOCUMENT # N08914		
1. Entity Name CARROLL OAKS HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 4116 GUNN HWY TAMPA, FL 33624 US	Mailing Address P.O. BOX 8303 TAMPA, FL 33674 US
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40036030



2. Principal Place of Business - No P.O. Box # 5008 W. Linebaugh Ave		3. Mailing Address	
Suite, Apt. #, etc. Suite 15		Suite, Apt. #, etc.	
City & State Tampa FL		City & State	
Zip 33624	Country Hillsborough	Zip	Country

03062007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2944262	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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, 2007**

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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIDE, AVELINO III			NAME			
STREET ADDRESS	P.O. BOX 8393			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33674			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	Austin David	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUSTIN, DAVE			NAME			
STREET ADDRESS	16105 N FLORIDA, #A			STREET ADDRESS	P.O. Box 8393		
CITY-ST-ZIP	LUTZ, FL 33549			CITY-ST-ZIP	Tampa FL 33674		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIDE, MARIA			NAME			
STREET ADDRESS	P.O. BOX 8393			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33674			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, JOHN			NAME	Cindy Riner		
STREET ADDRESS	P.O. BOX 8393			STREET ADDRESS	P.O. Box 8393		
CITY-ST-ZIP	TAMPA, FL 33674			CITY-ST-ZIP	Tampa FL 33674		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MICKA, MARYANN			NAME	Patricia Sullivan		
STREET ADDRESS	P.O. BOX 8393			STREET ADDRESS	P.O. Box 8393		
CITY-ST-ZIP	TAMPA, FL 33674			CITY-ST-ZIP	Tampa FL 33674		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-2654540