

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90020 012 ****61.25

DOCUMENT # N08914 1. Entity Name CARROLL OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5008 W LINEBAUGH AVE SUITE 15 TAMPA, FL 33624 US			Mailing Address P.O. BOX 8303 TAMPA, FL 33674 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 5008 W Linebaugh Suite 15 Tampa FL			
City & State Tampa FL		4. FEI Number 59-2944262		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33624	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	01072008 Chg-NP CR2E037 (12/06)		
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 AVID Property Management 5008 W Linebaugh #15 Tampa FL 33624		
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 Avelino Vide Avid Property		(NOTE: Registered Agent signature required when reinstating)		DATE 1-10-08	
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P VIDE, AVELINO III P.O. BOX 8393 TAMPA, FL 33674	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres John Walker 5008 W Linebaugh #15 Tampa FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUSTIN, DAVE P O BOX 8393 TAMPA, FL 33674	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Austin, David 5008 W Linebaugh #15 Tampa FL 33624	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIDE, MARIA P.O. BOX 8393 TAMPA, FL 33674	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donna Walker 5008 W Linebaugh #15 Tampa FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RINER, CINDY P.O. BOX 8393 TAMPA, FL 33674	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Riner, Cindy 5008 W Linebaugh #15 Tampa FL 33624	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SULLIVAN, PATRICIA P.O. BOX 8393 TAMPA, FL 33674	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: Avelino Vide Avid Property		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 1-10-08 813-343-8191	