

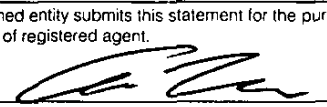
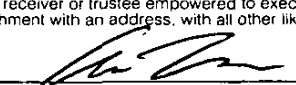


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N08914</b> 1. Entity Name <b>CARROLL OAKS HOMEOWNERS ASSOCIATION, INC.</b>						<b>FILED</b> <b>08 SEP 23 AM 10:55</b> DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>5008 W LINEBAUGH AVE</b> <b>SUITE 15</b> <b>TAMPA, FL 33624 US</b>				Mailing Address <b>5008 W LINEBAUGH AVE</b> <b>SUITE 15</b> <b>TAMPA, FL 33624 US</b>			
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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<del>MEZER, STEVEN</del> <b>5008 W. LINEBAUGH #15</b> <b>TAMPA, FL 33624</b>				Name <b>Avelino Vide</b> Street Address (P.O. Box Number is Not Acceptable) <b>5008 W Linebaugh Ave</b> <b>Suite 15</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33624</b>			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
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	WALKER, JOHN			NAME	<b>\$79/23</b>		
STREET ADDRESS	5008 W. LINEBAUGH #15			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33624			CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AUSTIN, DAVE			NAME	<b>200136271022</b>		
STREET ADDRESS	5008 W. LINEBAUGH #15			STREET ADDRESS	<b>09/23/08--01049--012 **61.25</b>		
CITY-ST-ZIP	TAMPA, FL 33624			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, DONNA			NAME			
STREET ADDRESS	5008 W. LINEBAUGH #15			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33624			CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RINER, CINDY			NAME			
STREET ADDRESS	5008 W. LINEBAUGH #15			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33624			CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SULLIVAN, PATRICIA			NAME	<b>Kristin Beeler</b>		
STREET ADDRESS	P.O. BOX 8393			STREET ADDRESS	<b>5008 W Linebaugh Ave #15</b>		
CITY-ST-ZIP	TAMPA, FL 33674			CITY-ST-ZIP	<b>Tampa FL 33624</b>		
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 117, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>9/17/08</b>			
				Daytime Phone #			