## 2008 NOT-FOR-PROFIT CORPORATION

## Feb 21, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N11423 02-21-2008 90032 015 \*\*\*\*61.25 CARPENTERS CREST OWNERS ASSOCIATION, INC. 4 U U M Principal Place of Business Mailing Address 222 CARPENTERS WAY P.O. BOX 5284 LAKELAND, FL 33807 LAKELAND, FL 33805 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number 59-2734946 City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required \_6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELLIOTT, KAY F 5018 GREENBROOK LN Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33811 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Filling Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE TITLE ☐ Addition MOHLER, MIKE NAME NAME Plante, Corey STREET ADDRESS 222 CARPENTERS WAY #55 STREET ADDRESS 222 Carpenters Way #58 CITY-ST-ZIP LAKELAND, FL 33805 CITY-ST-ZIP Lakeland, FI 33805 TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition NAME PLANTE, COREY NAME Esposito, Barnie L 1044 LAKE DEESON PT STREET ADDRESS STREET ADDRESS 1407 Easton Drive CITY-ST-ZIP LAKELAND, FL 338059209 CfTY-ST-ZIP Lakeland, Fl 33803 TITLE ☐ Detete TITLE Addition ESPOSITO, BARNIE L NAME NAME 1407 EASTON DRIVE Wesbrooks, Tina STREET ADDRESS STREET ADDRESS LAKELAND, FL 33803 CITY-ST-ZIE CITY-ST-ZIP 222 Carpenters Way #61 Lakeland, FI 33805 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Annalora, Laura CITY-ST-ZIF CITY-ST-ZIP 222 Carpenters Way #60 Lakeland, FI 33805 Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attack megt with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E Delete

1-28-08 8636471739

☐ Change

□ Addition

**FILED**