

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11423

FILED
Feb 25, 2009
Secretary of State

Entity Name: CARPENTERS CREST OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

222 CARPENTERS WAY
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5284
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 59-2734946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, KAY F
5018 GREENBROOK LN
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PLANTE, COREY
Address: 222 CARPENTERS WAY #58
City-St-Zip: LAKELAND, FL 33805

Title: DST () Delete
Name: ESPOSITO, BARNIE L
Address: 1047 EASTON DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: WESTBROOKS, TINA
Address: 222 CARPENTERS WAY #61
City-St-Zip: LAKELAND, FL 33805

Title: D (X) Delete
Name: ANNALORA, LAURA
Address: 222 CARPENTERS WAY #50
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOHLER, MIKE
Address: 6902 SHIMMERING DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WOODS, SUSAN
Address: 222 CARPENTERS WAY #72
City-St-Zip: LAKELAND, FL 33805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE MOHLER

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date