


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90008 012 ****61.25

DOCUMENT # N12828
 1. Entity Name
THE VILLAGE WEST OF CARROLLWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 % MICHAEL T REICHARD KIM RAMER
 13930 N. DALE MABRY, SUITE 3 4616 WESTFORD CIRCLE
 TAMPA FL 33618 TAMPA FL 33618
 US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **MARTHA LAKIS**
4615 Westford Cir

1st MOORE CR2E037 (10/05)

City & State
Tampa, FL

4. FEI Number **59-2993451** Applied For
 Not Applicable

Zip Country Zip Country
33618 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RAMER, KIM
4616 WESTFORD CIRCLE
TAMPA FL 33618

7. Name and Address of New Registered Agent
 Name **MARTHA LAKIS**
 Street Address (P.O. Box Number is Not Acceptable)
4615 Westford Cir
Tampa, FL **33618**
 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 *Martha Lakis* **MARTHA LAKIS** **02/26/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMER, KIM. 4616 WESTFORD CIRCLE TAMPA FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIRRINCIELI, ZENAI DA 4621 WESTFORD CIRCL R TAMPA FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PLASENCIA, ORLANDO 4619 WESTFORD CIRCLE TAMPA FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Martha Lakis 4615 Westford Cir Tampa, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECKY M. GAMMONS 463A WESTFORD CIR TAMPA FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVID WEBER 4648 WESTFORD CIR TAMPA FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Martha Lakis* PD **MARTHA LAKIS** **2/26/06** **813-963-1319**