


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90061 008 \*\*\*\*61.25

**DOCUMENT # N12828**

1. Entity Name  
**THE VILLAGE WEST OF CARROLLWOOD HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**% MICHAEL T REICHARD**  
**13930 N. DALE MABRY, SUITE 3**  
**TAMPA, FL 33618**

Mailing Address  
**4639 WESTFORD CIRCLE**  
**TAMPA, FL 33618 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**A.P. Mc MILLAN**  
**4650 WESTFORD CIRCLE**  
 City & State  
**TAMPA, FLORIDA**  
 Zip  
**33618**  
 Country  
**USA**

03142008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2993451**

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

6. Name and Address of Current Registered Agent  
**GAMMONS, BECKY M**  
**4639 WESTFORD CIRCLE**  
**TAMPA, FL 33618**

7. Name and Address of New Registered Agent  
 Name  
**McMILLAN, A.P.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4650 WESTFORD CIRCLE**  
**TAMPA**  
 City  
**FL** Zip Code  
**33618**

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 *A.P. McMillan* DATE 3/20/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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 GAMMONS, BECKY M 4639 WESTFORD CIR TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEBER, DAVID 4648 WESTFORD CIR TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEA, JEANETTE 4606 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 McMILLAN, A.P. 4650 WESTFORD CIRCLE TAMPA, FLORIDA 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALZER, GARY P 4602 WESTFORD CIRCLE TAMPA, FLORIDA 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHURCH CLIFFORD 4656 WESTFORD CIRCLE TAMPA FLORIDA 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 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: *A.P. McMillan* DATE 3/20/08 DAYTIME PHONE # 813 961-4842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR