

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13467

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** CARROLLWOOD AREA BUSINESS ASSOCIATION, INC.

**Current Principal Place of Business:**

13014 NORTH DALE MABRY  
#338  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

13014 NORTH DALE MABRY  
#338  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 59-2854602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATTERSON, MARIA  
13014 NORTH DALE MABRY #338  
TAMPA, FL 33618 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: P  
Name: KLEIN, NOREEN  
Address: 13014 NORTH DALE MABRY  
City-St-Zip: TAMPA, FL 33618 US

Title: PEZ  
Name: ORCHARD, LEA  
Address: 13014 NORTH DALE MABRY  
City-St-Zip: TAMPA, FL 33618

Title: S  
Name: ROBLES, JOELLYN  
Address: 13014 NORTH DALE MABRY #338  
City-St-Zip: TAMPA, FL 33618

Title: T  
Name: MOBLEY, SANDIE  
Address: 13014 N DALE MABRY HWY #338  
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: SANDIE MOBLEY

T

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date