# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

SEP -3 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16465 (9)

1. Corporation Name

CARPENTERS RUN HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4131 GUNN HWY<br>TAMPA FL 33624 | 4131 GUNN HWY<br>TAMPA FL 33624 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1986
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-2717102 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 CARPENTERS RUN BLVD. | 26 C/O STERLING MANAGEMENT<br>C/O 1301 SEMINOLE Blvd. |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 172 SUITE |
| City & State<br>23 LUTZ, FLORIDA | City & State<br>28 LARGO, FLORIDA |
| Zip / Country<br>24 33549 / 25 Hillsb. | Zip / Country<br>29 34640 / 30 Pinellas |

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| GREENACRE PROPERTIES INC<br>4131 GUNN HWY.<br>TAMPA FL 33624 | 81 Name: STERLING MANAGEMENT<br>82 Street Address (P.O. Box Number is Not Acceptable): 1301 SEMINOLE BLVD<br>83 SUITE 172<br>84 City: LARGO FL 85 Zip Code: 34640 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 9/8/95
(Signature of printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | ~~DR~~ | 1.1 TITLE | D.R. | ☑ Change ☐ Addition |
| NAME | ~~SCHWEITZER, SUSAN~~ | 1.2 NAME | NORMA KOEBERNIK | |
| STREET ADDRESS | ~~1730 WEAVER TRAIL~~ | 1.3 STREET ADDRESS | 1725 Spinning Wheel Drive | |
| CITY-ST-ZIP | ~~LUTZ FL~~ | 1.4 CITY-ST-ZIP | Lutz, Florida 33549 | |
| TITLE | ~~D~~ | 2.1 TITLE | D.N. | ☑ Change ☐ Addition |
| NAME | ~~BRENSON, HARRY~~ | 2.2 NAME | Bonnie Greene | |
| STREET ADDRESS | ~~101 L. CANDLESTICK~~ | 2.3 STREET ADDRESS | 1517 Gunsmith | |
| CITY-ST-ZIP | ~~LUTZ FL~~ | 2.4 CITY-ST-ZIP | Lutz, Florida 33549 | |
| TITLE | ~~D~~ | 3.1 TITLE | D&. | ☑ Change ☐ Addition |
| NAME | ~~LUCKETT, PHIL~~ | 3.2 NAME | Delores Nennlund | |
| STREET ADDRESS | ~~1524 SPINNINGWHEEL~~ | 3.3 STREET ADDRESS | 1525 Coppersmith Drive. | |
| CITY-ST-ZIP | ~~LUTZ FL~~ | 3.4 CITY-ST-ZIP | Lutz, Florida 33549 | |
| TITLE | ~~P~~ | 4.1 TITLE | DT. | ☐ Change ☐ Addition |
| NAME | ~~GONZALES, PATRICIA~~ | 4.2 NAME | Michael Lupaskunski | |
| STREET ADDRESS | ~~1514 GUNSMITH DR~~ | 4.3 STREET ADDRESS | 24920 Silversmith | |
| CITY-ST-ZIP | ~~LUTZ FL~~ | 4.4 CITY-ST-ZIP | Lutz, Florida 33549 | |
| TITLE | ~~SD~~ | 5.1 TITLE | D. | ☐ Change ☐ Addition |
| NAME | ~~KOEPPRNIK, NORMA~~ | 5.2 NAME | Art Shelton | |
| STREET ADDRESS | ~~1725 SPINNINGWHEEL~~ | 5.3 STREET ADDRESS | 1921 Woodcut Drive | |
| CITY-ST-ZIP | ~~LUTZ FL~~ | 5.4 CITY-ST-ZIP | Lutz, Florida 33549 | |
| TITLE | ~~T~~ | 6.1 TITLE | D. | ☐ Change ☐ Addition |
| NAME | ~~SCHMIDT, MICHAEL~~ | 6.2 NAME | Mary Nemeth | |
| STREET ADDRESS | ~~1820 TINSMITH CIR~~ | 6.3 STREET ADDRESS | 1730 Spinning wheel pl | |
| CITY-ST-ZIP | ~~LUTZ FL~~ | 6.4 CITY-ST-ZIP | Lutz, Florida 33549 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norma L. Koebernik 9/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR DIRECTOR — Date

NORMA L. KOEBERNIK — Daytime Phone Number: 813-876-7776

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