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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N16465 (9)
1. Corporation Name
CARPENTERS RUN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CARPENTERS RUN BLVD.
LUTZ FL 33549
USC/O STERLING MANAGEMENT
1301 SEMINOLE BLVD., SUITE 172
LARGO FL 33770-8113
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/21/19863a. Date of Last Report
02/27/19964. FEI Number
59-2717102Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or 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
NAME KOEBERNIK, NORMA
STREET ADDRESS 1725 SPINNING WHEEL DRIVE
CITY-ST-ZIP LUTZ FL1.1 TITLE DP Norma Koebornik
1.2 NAME 1725 Spinningwheel Dr
1.3 STREET ADDRESS Lutz, Fl.
1.4 CITY-ST-ZIPTITLE DVP
NAME GREENE, BONNIE
STREET ADDRESS 1517 GUNSMITH
CITY-ST-ZIP LUTZ FL2.1 TITLE DVP Jim Board
2.2 NAME 1705 Spinningwheel Dr
2.3 STREET ADDRESS Lutz, Fl.
2.4 CITY-ST-ZIPTITLE S
NAME LANGLEY, ANN
STREET ADDRESS 24734 SILVERSMITH
CITY-ST-ZIP LUTZ FL3.1 TITLE DT Art Shelton
3.2 NAME 1921 Woodcut Dr.
3.3 STREET ADDRESS Lutz, Fl.
3.4 CITY-ST-ZIPTITLE T
NAME SHELTON, ART
STREET ADDRESS 1921 WOODCUT
CITY-ST-ZIP LUTZ FL4.1 TITLE DS Ann Langley
4.2 NAME 24734 Silvermith Dr.
4.3 STREET ADDRESS Lutz, Fl.
4.4 CITY-ST-ZIPTITLE D
NAME NEMATH, MARY
STREET ADDRESS 1730 SPINNING WHEEL
CITY-ST-ZIP LUTZ FL5.1 TITLE D Julie Ketterer
5.2 NAME 1741 Tinker Dr
5.3 STREET ADDRESS Lutz, Fl. 33549
5.4 CITY-ST-ZIPTITLE D
NAME WELNIK, KEVIN
STREET ADDRESS 1934 WOODCUT
CITY-ST-ZIP LUTZ FL6.1 TITLE D John Massey
6.2 NAME 1515 Weaver Dr.
6.3 STREET ADDRESS Lutz, Fl. 33549
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0049612

CR2E037 (9/96)