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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16465**

1. Corporation Name

CARPENTERS RUN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CARPENTERS RUN BLVD. LUTZ FL 33549 US	C/O STERUNG MANAGEMENT 1301 SEMINOLE BLVD.. SUITE 172 LARGO FL 34640 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/21/1986	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2717102	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STERLING MANAGEMENT
1301 SEMINOLE BLVD
SUITE 172
LARGO FL 34640

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DR~~ TREAS.	☐ DELETE	1.1 TITLE	V. PRESIDENT	☐ Change ☒ Addition
NAME	KOEBERNIK, NORMA		1.2 NAME	JOHN SIMONE	
STREET ADDRESS	1725 SPINNING WHEEL DRIVE		1.3 STREET ADDRESS	1760 TINSMITH CIRCLE	
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE	~~VP~~ DIRECTOR	☐ DELETE	2.1 TITLE	SEC.	☐ Change ☒ Addition
NAME	ECHEVARNIA, ANGEL		2.2 NAME	JULIE KETTERER	
STREET ADDRESS	1721 WEAVER DR		2.3 STREET ADDRESS	1741 TINKER DR.	
CITY-ST-ZIP	LUTZ FL 33549		2.4 CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE	D	☐ DELETE	3.1 TITLE	DIR.	☐ Change ☒ Addition
NAME	BERBERICH, MOLLY		3.2 NAME	JOHN SHEA	
STREET ADDRESS	1910 WOODCUT DR		3.3 STREET ADDRESS	1624 SPINNINGWHEEL DR.	
CITY-ST-ZIP	LUTZ FL		3.4. CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHELTON, ART		4. 2 NAME		
STREET ADDRESS	1921 WOODCUT		4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOARD, JAMES		5.2 NAME		
STREET ADDRESS	1705 SPINNINGWHEEL DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		5.4 CITY-ST-ZIP		
TITLE	~~P~~ PRESIDENT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CUNNINGHAM, PAT		6.2 NAME		
STREET ADDRESS	1721 SPINNING WHEEL DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 1/19/99 813/289-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #