

FILE NOW: FILING FEE IS \$61.25

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

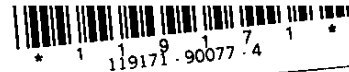
CARPENTERS RUN BLVD.
LUTZ FL 33549
US

Mailing Address

C/O STERUNG MANAGEMENT
1301 SEMINOLE BLVD., SUITE 172
LARGO FL 34640
US

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90077 004 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/21/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2717102

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERLING MANAGEMENT
1301 SEMINOLE BLVD
SUITE 172
LARGO FL 34640

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. TREAS.** ☐ DELETE

NAME **KOEBERNIK, NORMA**
STREET ADDRESS **1725 SPINNING WHEEL DRIVE**
CITY-ST-ZIP **LUTZ FL**

1.1 TITLE **V. PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **JOHN SIMONE**
1.3 STREET ADDRESS **1760 TINSMITH CIRCLE**
1.4 CITY-ST-ZIP **LUTZ, FL. 33549**

TITLE **DR. DIRECTOR** ☐ DELETE

NAME **ECHAVARRIA, ANGEL**
STREET ADDRESS **1721 WEAVER DR**
CITY-ST-ZIP **LUTZ FL 33549**

2.1 TITLE **SEC.** ☐ Change ☒ Addition

2.2 NAME **JULIE KETTERER**
2.3 STREET ADDRESS **1741 TINKER DR.**
2.4 CITY-ST-ZIP **LUTZ, FL. 33549**

TITLE **D** ☐ DELETE

NAME **BERBERICH, MOLLY**
STREET ADDRESS **1910 WOODCUT DR**
CITY-ST-ZIP **LUTZ FL**

3.1 TITLE **DR.** ☐ Change ☒ Addition

3.2 NAME **JOHN SHEA**
3.3 STREET ADDRESS **1624 SPINNING WHEEL DR.**
3.4 CITY-ST-ZIP **LUTZ, FL. 33549**

TITLE **T** ☒ DELETE

NAME **SHELTON, ART**
STREET ADDRESS **1921 WOODCUT**
CITY-ST-ZIP **LUTZ FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **BOARD, JAMES**
STREET ADDRESS **1705 SPINNINGWHEEL DR**
CITY-ST-ZIP **LUTZ FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DR. PRESIDENT** ☐ DELETE

NAME **CUNNINGHAM, PAT**
STREET ADDRESS **1721 SPINNING WHEEL DR**
CITY-ST-ZIP **LUTZ FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 813/289-7500
Date Daytime Phone #

CR2E037 (1/98)