2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
May 01, 2000 8:00 am
Secretary of State
02-15-2000 90044 013 ****61.25

DOCUMENT # N16465

1. Entity 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 33770-8113 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2880 SCHERER DR. Suite, Apt. #, etc. 840
City & State	City & State ST. PETE, FL.
Zip / Country	Zip 33716 / Country USA

4. FEI Number 59-2717102 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MARK S. STOOPS~~ ~~STERLING MANAGEMENT~~ ~~1301 SEMINOLE BLVD~~ ~~SUITE 172~~ ~~LARGO FL 34640~~ **Sterling Management, Inc.** **2880 Scherer Drive, Suite 840** **St. Petersburg, Florida 33716**	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOEBERNIK, NORMA 1725 SPINNING WHEEL DRIVE LUTZ FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RILEY, R.C. 1534 COPPERSMITH CT. LUTZ, FL. 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECHEVARNIA, ANGEL 1721 WEAVER DR LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D S EHRLE, NANCY 1734 WOODCUT DR. LUTZ, FL. 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERBERICH, MOLLY 1910 WOODCUT DR LUTZ FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FALCON, STEVE 1811 WOODCUT DR. LUTZ, FL. 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMONE, JOHN 1760 TINSMITH CIRCLE LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KETTERER, JULIE 1741 TINKER DR LUTZ FL 33579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P CUNNINGHAM, PAT 1721 SPINNING WHEEL DR LUTZ FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/17/2000 727 399 9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #