2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90037 047 ****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	2880 SCHERER DR 840 SAINT PETERSBURG FL 33716 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
STERLING MANAGEMENT 1301 SEMINOLE BLVD SUITE 172 LARGO FL 34640	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	DV RKEY, R.C. 1534 COPPERSMITH CT LUTZ FL 33549	☐ Delete	TITLE T NAME KOBERNIK, NORMA STREET ADDRESS 1725 SPINNINGWHEEL DR. CITY-ST-ZIP LUTZ, FL. 33549	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECHEVARNIA, ANGEL 1721 WEAVER DR LUTZ FL 33549	☒ Delete	TITLE D NAME ~~FALCO~~ FALCON, STEVE STREET ADDRESS 1811 WOODCUT DR. CITY-ST-ZIP LUTZ, FL. 33549	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EHRLE, NANCY 1734 WOODCUT DR LUTZ FL 33549	☒ Delete	TITLE P NAME FROST, JACKI STREET ADDRESS 1728 TINSMITH CIR. CITY-ST-ZIP LUTZ, FL. 33549	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SIMONE, JOHN 1760 TINSMITH CIRCLE LUTZ FL 33549	☒ Delete	TITLE V NAME SULLIVAN, JOSEPH STREET ADDRESS 1705 WEAVER DR. CITY-ST-ZIP LUTZ, FL. 33549	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KETTERER, JULIE 1741 TINKER DR LUTZ FL 33579	☒ Delete	TITLE S NAME BELLUCCIA, JULIE STREET ADDRESS 1741 TINKER DR. CITY-ST-ZIP LUTZ, FL. 33549	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CUNNINGHAM, PAT 1721 SPINNING WHEEL DR LUTZ FL	☐ Delete	TITLE D NAME CUNNINGHAM, PAT STREET ADDRESS 1721 SPINNINGWHEEL DR. CITY-ST-ZIP LUTZ, FL. 33549	☒ Change	☐ Addition

CR2E037 (10/00)

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