

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90006 026 ****61.25

0042649

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

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



DO NOT WRITE IN THIS SPACE

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 **Ron Cotterill**

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

1505 N. Florida Ave.

City **Tampa**

FL

Zip Code **33602**

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 **D/R** ☐ Delete
 NAME **RKEY, R.C.**
 STREET ADDRESS **1534 COPPERSMITH CT**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **P.** ☐ Change ☒ Addition
 NAME **Jacki Frost**
 STREET ADDRESS **1728 Tinsmith Circle**
 CITY-ST-ZIP **Lutz, FL 33559**

TITLE **T** ☒ Delete
 NAME **KOBERNIK, NORMA**
 STREET ADDRESS **1725 SPINNINGWHEEL DRIVE**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ Change ☒ Addition
 NAME **Xvonne Reynolds**
 STREET ADDRESS **1920 Woodcut Drive**
 CITY-ST-ZIP **Lutz, FL 33559**

TITLE **T** ☐ Delete
 NAME **FALCON, STEVE**
 STREET ADDRESS **1811 WOODCUT DRIVE**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ Change ☒ Addition
 NAME **Sergio Penton**
 STREET ADDRESS **24710 Silversmith Drive**
 CITY-ST-ZIP **Lutz, FL 33559**

TITLE **V** ☒ Delete
 NAME **SULLIVAN, JOSEPH**
 STREET ADDRESS **1705 WEAVER DRIVE**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Joe O'Sullivan**
 STREET ADDRESS **1705 Weaver Drive**
 CITY-ST-ZIP **Lutz, FL 33559**

TITLE **S** ☒ Delete
 NAME **BELLUCCIA, JULIE**
 STREET ADDRESS **1741 TINKER DR**
 CITY-ST-ZIP **LUTZ FL 33579**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P/S** ☐ Delete
 NAME **CUNNINGHAM, PAT**
 STREET ADDRESS **1721 SPINNING WHEEL DR**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Jacki Frost **Jacki Frost**

4/3/02

299-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)