

220 **2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90268 006 ****61.25

DOCUMENT # N16465

1. Entity Name

CARPENTERS RUN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**CARPENTERS RUN BLVD.
LUTZ FL 33549
US**

Mailing Address

**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



1st MOORE

CR2E037 (10/04)

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

**COTTERILL, RON
1605 N. FLORIDA AVE
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

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

400 N. TAMPA STREET #2625

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DV** ☒ Delete
NAME **REYNOLDS, YVONNE**
STREET ADDRESS **1920 WOOD CAT DRIVE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **P** ☐ Delete
NAME **FROST, JACKIE**
STREET ADDRESS **1728 TINSMITH CIRCLE**
CITY-ST-ZIP **LUTZ FL 33559**

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

TITLE **VP** ☐ Delete
NAME **O'SULLIVAN, JOE**
STREET ADDRESS **1705 WEAVER DRIVE**
CITY-ST-ZIP **LUTZ FL 33559**

TITLE **D** ☐ Delete
NAME **PENTON, SERGIO**
STREET ADDRESS **24710 SILVERSMITH DRIVE**
CITY-ST-ZIP **LUTZ FL 33559**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **DWIGHT HALLIGAN**
STREET ADDRESS **2614 SYLVAN RAMBLE CT.**
CITY-ST-ZIP **WESLEY CHAPEL, FL. 33543**

TITLE **D** ☐ Change ☒ Addition
NAME **DONNA HOLDEN**
STREET ADDRESS **1611 TAILOR B.D.**
CITY-ST-ZIP **LUTZ, FL. 33549**

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

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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:

Jacqueline Frost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUELINE FROST 3/23/05 8139757137

Date

Daytime Phone #