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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State
02-23-2007 90025 014 ****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	2870 SCHERER DR #100 SAINT PETERSBURG FL 33716 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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
COTTERILL, RON 1016 N. FLORIDA AVE TAMPA FL 33602	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE V.P. NAME STREET ADDRESS CITY-ST-ZIP	D HALLIGAN, DWIGHT 2614 SYLVAN RAMBLE CT WESLEY CHAPEL FL 33543	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	JOHN AMERO 1828 TINSMITH CIR. LUTZ, FL. 33549	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FROST, JACKIE 1728 TINSMITH CIRCLE LUTZ FL 33549	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DONNA HOLDEN 1611 TAILOR RD. LUTZ, FL. 33549	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALCON, STEVE 1811 WOODCUT DRIVE LUTZ FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'SULLIVAN, JOE 1705 WEAVER DRIVE LUTZ FL 33559	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENTON, SERGIO 24710 SILVERSMITH DRIVE LUTZ FL 33559	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUNNINGHAM, PAT 1721 SPINNING WHEEL DR LUTZ FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Archie First, President 2/21/7 813-222-0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #