

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16465

FILED
Mar 24, 2009
Secretary of State

Entity Name: CARPENTERS RUN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

CARPENTERS RUN BLVD.
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

2870 SCHERER DR
#100
SAINT PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 59-2717102 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COTTERILL, RON
1010 N. FLORIDA AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALLIGAN, DWIGHT
Address: 2614 SYLVAN RAMBLE CT
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: P () Delete
Name: FROST, JACKIE
Address: 1728 TINSMITH CIRCLE
City-St-Zip: LUTZ, FL 33549

Title: T () Delete
Name: FALCON, STEVE
Address: 1811 WOODCUT DRIVE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: VILLALOBOS, JONI
Address: 1526 TAILOR RD.
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: PENTON, SERGIO
Address: 24710 SILVERSMITH DRIVE
City-St-Zip: LUTZ, FL 33559

Title: S () Delete
Name: CUNNINGHAM, PAT
Address: 1721 SPINNING WHEEL DR
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL KNIGHT

MGR

03/24/2009

Electronic Signature of Signing Officer or Director

Date