2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N16465

FILED Mar 14, 2003 Secretary of State

Entity Name: CARPENTERS RUN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: CARPENTERS RUN BLVD. LUTZ, FL 33549 **Current Mailing Address: New Mailing Address:** 2880 SCHERER DR 840 SAINT PETERSBURG, FL 33716 US FEI Number: 59-2717102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COTTERILL, RON 1505 N. FLORIDA AVE. TAMPA, FL 33602 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DV () Delete (X) Change () Addition RKEY, R.C. RILEY, R.C. Name: Name: 1534 COPPERSMITH CT Address: 1534 COPPERSMITH CT Address: LUTZ, FL 33549 City-St-Zip: City-St-Zip: LUTZ, FL 33549 Title: Title: (X) Change () Addition () Delete Name: FROST, JACK Name: FROST, JACKIE Address: 1728 TINSMITH CIRCLE Address: 1728 TINSMITH CIRCLE City-St-Zip: LUTZ, FL 33559 City-St-Zip: LUTZ, FL 33559 Title: () Delete Title: () Change () Addition FALCON, STEVE Name: Name: 1811 WOODCUT DRIVE Address: Address: City-St-Zip: LUTZ. FL 33549 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition Name: O'SULLIVAN, JOE Name: 1705 WEAVER DRIVE Address: Address: City-St-Zip: LUTZ, FL 33559 City-St-Zip: Title: () Delete Title: () Change () Addition PENTON, SERGIO Name: Name: 24710 SILVERSMITH DRIVE Address: Address: City-St-Zip: LUTZ, FL 33559 City-St-Zip: Title: () Delete Title: () Change () Addition CUNNINGHAM, PAT Name: Name: Address: 1721 SPINNING WHEEL DR Address: LUTZ, FL 33549 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACKIE FROST P 03/14/2003

YVONNE REYNOLDS, DIRECTOR 1920 WOODCUT DRIVE LUTZ, FL 33559