

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17238

FILED
Apr 08, 2009
Secretary of State

Entity Name: CARILLON PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

235 3RD STREET SOUTH
SUITE 300
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

235 3RD STREET SOUTH
SUITE 300
ST PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-2805051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DV () Delete
Name: STERN, ELLIOTT W
Address: 880 CARILLON PARKWAY, TOWER ONE
City-St-Zip: ST. PETERSBURG, FL 33716

Title: DPT () Delete
Name: GARCIA, LISA L
Address: 235 3RD STREET SOUTH, SUITE 300
City-St-Zip: ST. PETERSBURG, FL 33701

Title: S () Delete
Name: EASTMAN, CHRIS
Address: 235 3RD STREET SOUTH, SUITE 300
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: GARCIA, LISA L
Address: 235 THIRD STREET SOUTH # 300
City-St-Zip: ST. PETERSBURG, FL 33701

Title: DPT (X) Change () Addition
Name: LOMBARDI, WILLIAM
Address: 880 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

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: LISA L. GARCIA

DV

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date