


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N43553	
1. Entity Name CARROLLTON HOMEOWNERS' ASSOCIATION, INC.	
	
Principal Place of Business 15312 CARROLLTON LANE TAMPA, FL 33624-2200 US	Mailing Address 15312 CARROLLTON LANE TAMPA, FL 33624-2200 US



04282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3220679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHWANKE, TIM 15312 CARROLLTON LANE TAMPA, FL 33624	DO NOT WRITE IN THIS SPACE
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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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAVALLEE, JIM 15407 CARROLLTON LANE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KENT, ANGELA 15411 CARROLLTON LANE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHWANTKE, TIM 15312 CARROLLTON LANE TAMPA, FL 33624
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05/17/07-80053-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Tim W. Schwantke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-07 (813)-265-1687
Date Daytime Phone *