## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthary

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CAROL WOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**FILED** Jun 19 1997 8:00am Secretary of State



04324 EAGLES NEST RD. FRUITLAND PARK FL 34731			37111 SHALIMAR DRIVE FRUITLAND PARK FL 347 US	FRUITLAND PARK FL 34731-5693							
				•			<ol> <li>Date Incorporated or Qualified 06/16/1992</li> </ol>	fied 3s. Date of Last Report 04/19/1996			
2. Principal P	lace of Busin	ness	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>	<del></del>	pplied For	
21	4 4 -		26				59-3182079		No	ot Applicable	
Suite, Apt.			Suite, Apt. #, etc.	27			Certificate of Status Desired	\$	\$8.75 Additional Fee Required		
City & State	e <u> </u>		City & State	· ·			Election Campalgn Financing     Trust Fund Contribution	scing \$5.00 May Be Added to Fees			
Zip		Country	Zip	¬ `			8. This corporation has liability for intangible tax under s. 199.032,				
24		25 and Address of Com	29				Florida Statutes Yes No				
	y, Name	and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent  61 Name						
101110	A. A. A.	<b>5</b> 0 0			DI Nar	ne					
JOHNSON, CHARLES D. 907 WEBSTER STREET					82 Stre	2 Street Address (P.O. Box Number is Not Acceptable)					
	IRG FL 347			83			- ···				
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د. ۱				ľ	84 City			FL 85	1 '	Code	
11. Pursuant	to the provisi	ions of Sections 617.0	0502 and 617.1508, Florida Statut	es, the ab	ove-nam	ed cor	rporation submits this statement for the pu	irpose of char	nging it	s registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE											
						ture requ	uired when reinstating)	DATE			
TITLE	D	OFFICERS A	DELETE DELETE	13.	<u>. 1</u>	-	ADDITIONS/CHANGES TO OFFICE		ECTOR	S IN 12	
NAME	_	ROBERT J.	- Dittell	1.1 NA	-		0 1/10/10/10	A⊆\ A	лапуе	L Aboillon	
STREET ADDRESS	· .	HALIMAR DRIVE		13 STREET ADDRESS		CICKY F. MAKPEN	DOAT	-			
CITY-ST-ZIP		ND PARK FL		1.4 CiTY-ST-ZIP		~   <del>;</del>	RICKY F. HARPER 36536 TRIPP C RUITLAND PK FL	エゼウグト			
TITLE	D		DELETE	2.1 TIT			KO TOWO IN TI		hange	Addition	
NAME	FEDOR,	CAROL J.		2.2 NAME							
STREET ADDRESS		HALIMAR DRIVE		2.3 STREET ADDRESS		SS				-	
CITY-ST-ZIP	FRUITLA	IND PARK FL			Y-ST-ZIP						
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NAME STREET ADDRESS		JOSEPH F. HALIMAR DRIVE		3.2 NA							
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CITY-ST-ZIP			Dougra		r-ST-ZIP		W-1		'	/	
TITLE NAME			☐ DELETE	6.1 TITE			90000221	┍┲╁╬	hange	Addition	
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CITY-ST-ZIP				6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			***61.25				
OTT ( TOTALE				6.4 (11	1-21-217						

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 page appears in Block 12 or Block 13 if changed, or on an attachment with an address.