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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N49481

1. Corporation Name

CAROL WOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

04324 EAGLES NEST RD. FRUITLAND PARK FL 34731

Mailing Address

37111 SHALIMAR DRIVE FRUITLAND PARK FL 34731 US



2. Principal Place of Business

21 37111 SHALIMAR DR Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/16/1992

4. FEI Number

59-3182079

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

22 City & State

23 FRUITLAND PK FLA

24 Zip 34731 25 Country CAKE

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

JOHNSON, CHARLES D. 907 WEBSTER STREET LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [ ] DELETE  
NAME FEDOR, ROBERT J.  
STREET ADDRESS 37111 SHALIMAR DRIVE  
CITY-ST-ZIP FRUITLAND PARK FL

TITLE D [ ] DELETE  
NAME FEDOR, CAROL J.  
STREET ADDRESS 37111 SHALIMAR DRIVE  
CITY-ST-ZIP FRUITLAND PARK FL

TITLE D [ ] DELETE  
NAME HARPER, RICKY F  
STREET ADDRESS 36526 TRIPP COURT  
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Robert J. Fedor

Date: Jan. 26, 1999

352-787-6366

CR2E037 (11/98)