

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001765

FILED  
Feb 27, 2006  
Secretary of State

**Entity Name:** LAKE CARROLL COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 65-0455612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434, SUITE 5000  
LONGWOOD, FL 327795044 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: PD ( ) Delete  
Name: MALOUF, T.S.  
Address: 10338 CARROLL COVE PL  
City-St-Zip: TAMPA, FL 33612

Title: VPD ( ) Delete  
Name: SIMPSON, GARRY  
Address: 10322 CARROLL COVE PLACE  
City-St-Zip: TAMPA, FL 33612

Title: STD ( ) Delete  
Name: WILEY, JAMES  
Address: 10314 CARROL COVE PLACE  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: BAUMAN, RON  
Address: 10324 CARROLL COVE PL  
City-St-Zip: TAMPA, FL 33612

Title: D (X) Delete  
Name: DOCOBO, AL  
Address: 10405 CARROLL COVE PL  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: AVILA, NICHOLAS  
Address: 10409 CARROLL COVE PL  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: WILEY, KEN  
Address: 10314 CARROL COVE PLACE  
City-St-Zip: TAMPA, FL 33612

Title: D (X) Change ( ) Addition  
Name: NUNEZ, KELLY  
Address: 10326 CARROLL COVE PL  
City-St-Zip: TAMPA, FL 33612

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: T.S. MALOUF

PD

02/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date