

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90343 014 \*\*\*\*61.25

**DOCUMENT # N93000001765**

1. Entity Name  
LAKE CARROLL COVE HOMEOWNERS ASSOCIATION,  
INC.



Principal Place of Business  
10409 CARROLL COVE PLACE  
TAMPA, FL 33612 US

Mailing Address  
P O BOX 173071  
TAMPA, FL 33672 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0455612

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SOUTHEAST REALTY & MANAGEMENT SERVICES LLC  
8602 LEIGHTON DRIVE  
2180 W SR 434, SUITE 5000  
TAMPA, FL 33614

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME AVILA, NICHOLAS  
STREET ADDRESS 10409 CARROLL COVE PL  
CITY-ST-ZIP TAMPA, FL 33612

TITLE VPD ☒ Delete  
NAME OBUSEK, JOE  
STREET ADDRESS 10406 CARROLL COVE PLACE  
CITY-ST-ZIP TAMPA, FL 33612

TITLE TD ☒ Delete  
NAME NUNEZ, KELLY  
STREET ADDRESS 10326 CARROLL COVE PLACE  
CITY-ST-ZIP TAMPA, FL 33612

TITLE SD ☒ Delete  
NAME CALDEVILLA, PATTI  
STREET ADDRESS 10411 CARROLL COVE PL  
CITY-ST-ZIP TAMPA, FL 33612

TITLE D ☐ Delete  
NAME BILL, HOPKINS  
STREET ADDRESS 10307 CARROLL COVE PL  
CITY-ST-ZIP TAMPA, FL 33612

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Michele Avila  
STREET ADDRESS 10409 Carroll Cove Pl  
CITY-ST-ZIP Tampa, FL 33612

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME ART Alvarez  
STREET ADDRESS 10303 Carroll Cove Place  
CITY-ST-ZIP Tampa, FL 33612

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #