

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001765

FILED  
Apr 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

10409 CARROLL COVE PLACE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 173071  
TAMPA, FL 33672 US

**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:**

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

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

SOUTHEAST REALTY & MANAGEMENT SERVICES LLC  
2502 N. HOWARD AVE.  
SUITE 206  
TAMPA, FL 33607 US

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: ALICIA M. PRIETO

04/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: TD ( ) Delete  
Name: ALVAREZ, ART  
Address: 10303 CARROLL COVE PLACE  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: BILL, HOPKINS  
Address: 10307 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHELE AVILA

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date