

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90001 010 ****61.25

DOCUMENT # N94000004584

1. Entity Name

THE HOMEOWNER'S ASSOCIATION OF CAROL WOODS, INC.



Principal Place of Business

2428 CAROL WOODS WAY
APOPKA FL 32712
US

Mailing Address

2428 CAROL WOODS WAY
APOPKA FL 32712
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3277026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDINA, SHARON
2428 CAROL WOODS WAY
APOPKA FL 32712

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	<input checked="" type="checkbox"/> Delete
NAME	MEDINA, JOSE	
STREET ADDRESS	2428 CAROL WOODS WAY	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEDINA, SHARON	
STREET ADDRESS	2428 CAROL WOODS WAY	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, HELEN	
STREET ADDRESS	2458 CAROL WOODS WAY	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUTHRIE, SHERRI	
STREET ADDRESS	2319 CAROL WOODS WAY	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FARNELL, JOSH	
STREET ADDRESS	2308 CAROL WOODS WAY	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SHEAFFER, CELESTE	
STREET ADDRESS	2337 CAROL WOODS WAY	
CITY-ST-ZIP	APOPKA FL 32712	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VACANT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VACANT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHI SEXTON	
STREET ADDRESS	2417 Carol Woods Way	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Guthrie	
STREET ADDRESS	2440 Carol Woods Way	
CITY-ST-ZIP	APOPKA FL 32712	

12. 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 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 #

1/22/05 4076776114
8692