

2008 ~~NOT~~-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90046 009 ****61.25

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Sharon Medina

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

(NOTE: Registered Agent signature and seal are not required)

DATE

FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
MEDINA, SHARON
2428 CAROL WOODS WAY
APOPKA FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
GUTHRIE, SHERRI
2319 CAROL WOODS WAY
APOPKA FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
SEXTON, KATHI
2417 CAROL WOODS
APOPKA FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
MCMILLIAN, CASSIE
2423 CAROL WOODS WAY
APOPKA FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
INGERSOLL, DENISE
2416 CAROL WOODS WAY
APOPKA FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VICE PRESIDENT ☒ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 registered 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 lines empowered.

SIGNATURE:

Sharon Medina