

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004584

FILED
Jan 10, 2009
Secretary of State

Entity Name: THE HOMEOWNER'S ASSOCIATION OF CAROL WOODS, INC.

Current Principal Place of Business:

2428 CAROL WOODS WAY
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

2428 CAROL WOODS WAY
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 59-3277026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, SHARON
2428 CAROL WOODS WAY
APOPKA, FL 32712 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: TD () Delete
Name: MEDINA, SHARON
Address: 2428 CAROL WOODS WAY
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: GUTHRIE, SHERRI
Address: 2319 CAROL WOODS WAY
City-St-Zip: APOPKA, FL 32712

Title: P () Delete
Name: SEXTON, KATHI
Address: 2417 CAROL WOODS
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: MCMILLIAN, CASSIE
Address: 2423 CAROL WOODS WAY
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: INGERSOLL, DENISE
Address: 2416 CORAL WOODS WAY
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: SEXTON, KATHI
Address: 2417 CAROL WOODS WAY
City-St-Zip: APOPKA, FL 32712

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

Title: VP (X) Change () Addition
Name: IILGENFRITZ, SHARON
Address: 2332 CAROL WOODS WAY
City-St-Zip: APOPKA, FL 32712

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: SHARON MEDINA

TD

01/10/2009

Electronic Signature of Signing Officer or Director

Date