

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90425 025 \*\*\*\*61.25

**DOCUMENT # N94000005707**

1. Entity Name

**CARROLLWOOD-RESERVE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

2880 SCHERER DR  
STE 840  
SAINT PETERSBURG FL 33716  
US

2880 SCHERER DR  
STE 840  
SAINT PETERSBURG FL 33716  
US

2. Principal Place of Business

3. Mailing Address

**Sterling Management Services**  
Suite, Apt. #, etc.  
2870 Scherer Drive N., Suite 100  
St. Petersburg, FL 33716

**Sterling Management Services**  
Suite, Apt. #, etc.  
2870 Scherer Drive N., Suite 100  
St. Petersburg, FL 33716

City & State

City & State

Zip

Country

U.S.

Zip

Country

U.S.

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3280462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COTTERILL, RON  
1505 N. FLORIDA AVENUE  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **Ron Cotterill**  
Street Address (P.O. Box Number is Not Acceptable)  
**1010 N. Florida Ave.**  
City **Tampa** FL Zip Code **33602**

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

4-7-06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 **DS** ☒ Delete  
NAME **SATCHER, LYNNWOOD**  
STREET ADDRESS **12923 VICKSBURG DR**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **VP** ☐ Delete  
NAME **SAINZ, GIL**  
STREET ADDRESS **12911 VICKSBURG DR.**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **P** ☐ Delete  
NAME **DELUTRIE, JOHN**  
STREET ADDRESS **2880 SCHERER DR N-840**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**  
**12922 Vicksburg Drive Tampa, FL 33625**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition  
NAME **Denise Meck**  
STREET ADDRESS **12913 Vicksburg Drive**  
CITY-ST-ZIP **Tampa, FL 33625**

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

TITLE ☐ Change ☐ Addition  
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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 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 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:

*John DeLutrie*

3/27/06