

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005707

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** CARROLLWOOD RESERVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2870 SCHERER DR N  
STE 100  
SAINT PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

2870 SCHERER DR N  
STE 100  
SAINT PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number:** 59-3280462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COTTERILL, RON  
1010 N FLORIDA AVE  
TAMPA, FL 33602 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: S ( ) Delete  
Name: WAGGONER, TIM  
Address: 12901 VICKSBURG DRIVE  
City-St-Zip: TAMPA, FL 33625

Title: VP ( ) Delete  
Name: SAINZ, GIL  
Address: 12911 VICKSBURG DR.  
City-St-Zip: TAMPA, FL 33625

Title: P ( ) Delete  
Name: DELUTRIE, JOHN  
Address: 12922 VICKSBURG DR  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: WAGGONER, TIM  
Address: 12901 VICKSBURG DRIVE  
City-St-Zip: TAMPA, FL 33625

Title: VP (X) Change ( ) Addition  
Name: JOHNSTON, STACEY  
Address: 6003 WILLIAMSBURG WAY  
City-St-Zip: TAMPA, FL 33625

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: JOHN DELUTRIE

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date